

RICHMOND RETIREMENT SYSTEM
City of Richmond, Virginia
DEFERRED RETIREMENT OPTION PROGRAM (DROP)
ELECTION OF SICK LEAVE BENEFITS

| | |
|---------------------------------|--------------------------------|
| Name: | Social Security Number: |
| Present Mailing Address: | Phone No.: |
| Department: | DROP Entry Date: |

I understand that as a member of the Richmond Retirement System:

- I may elect to convert any or all of my unused sick leave to creditable service upon my entry into the DROP pursuant to the provisions of Chapter 78 of the Retirement Code.
- I will continue to accrue additional sick leave during my DROP period.
- If I elect to retain part of my unused sick leave during my DROP period, any unused sick leave remaining at the end of the DROP period will not be eligible for conversion.
- I may not change this election after my DROP entry date.

I hereby elect the following action regarding my accrued sick leave:

_____ To convert all hours of my unused sick leave to creditable service, or
 _____ To convert _____ hours of my unused sick leave to creditable service.

Member's Signature _____ **Date** _____

Department Certification of Unused Sick Leave

This is to certify that _____ had _____ total hours
 of unused sick leave as of _____.
 (Date of Termination)

Department: _____

Payroll Clerk

Date: _____

Agency/Department Head

Date: _____

NOTE: This form is to be completed as of the date of separation and forwarded to the Richmond Retirement System within five (5) days of termination.