

**DEFERRED RETIREMENT OPTION PROGRAM (DROP)
 ELECTION OF SICK LEAVE BENEFITS**

please type or print in ink

| | | |
|-----------------------------------|--------|-----------|
| PART A: MEMBER INFORMATION | | |
| Name: | | SSN: |
| Address: | | |
| City: | State: | Zip Code: |
| Department: | | Position: |
| DROP Entry Date: | | |

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| PART B: ELECTION OF SICK LEAVE BENEFITS | |
| <p>I understand that as a member of the Richmond Retirement System:</p> <ul style="list-style-type: none"> • 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 22 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. <p>I hereby elect the following action regarding my accrued sick leave:</p> <p><input type="checkbox"/> To convert all hours of my unused sick leave to creditable service, or</p> <p><input type="checkbox"/> To convert _____ hours of my unused sick leave to creditable service.</p> | |
| Member's Signature: | Date: |

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| PART C: DEPARTMENT CERTIFICATION OF UNUSED SICK LEAVE | |
| <p>This is to certify that _____ had _____ total hours of unused sick leave as of _____ .</p> <p align="center">(Date of Entry into the DROP)</p> | |
| Department: | |
| Payroll Technician Signature: | Date: |
| Agency/Department Head Signature: | Date: |

| | |
|---------------------|--------------|
| RRS USE ONLY | |
| Processed By: | Reviewed By: |
| Processed Date: | Review Date: |