

APPENDIX E – Local Sick Leave Incentive Application Form

Date of Application _____

Teacher Name _____
(Last) (First) (Middle / Maiden)

Social Security Number _____ Home Phone _____

Address _____
(Apt. / Box / Street) (City) (Zip)

(Check one)

_____ Effective date I will leave the system is _____

_____ Effective date I will retire from system is _____

I will have completed _____ years of service as a certified teacher in the Jefferson County School System as of the above exit date.

I will have _____ cumulative days of unused sick leave in the Jefferson County School System as of the effective date I leave employment.

I understand that should I return at some future date that I cannot again be compensated for any of these accumulated sick days.

I understand that the payment rate for the accumulated sick days is twenty-five (\$25) for each sick day and will be paid in one lump sum following my effective exit date. The lump sum payment is subject to regular state and/or federal income tax, social security, and Medicare withholding percentages.

This form is due in the office of the Director of Schools on or before April 1st of the year you expect to end your service. The application will be reviewed and processed upon approval of your retirement and/or resignation by the Board. Payment will be made by June 30th of the current year.

Please sign below that you understand the aforementioned items and that the information you have provided is accurate. Return the completed Application form and accompanying "Survivorship Designation" to the Director of Schools, P.O. Box 190, Dandridge, TN 37725

Signature of Applicant

Date

Signature, Director of Schools

Date