



Sacramento County Employees' Retirement System
980 9th Street, Suite 1900
Sacramento, CA 95814
Phone: (916) 874-9119
Fax: (916) 874-6060
Web: www.scers.org

DISPOSITION OF ACCRUED SICK LEAVE
(For management employees and elected officials)

I am a management employee applying for service retirement and am declaring my intention to dispose of my accrued sick leave in the following way:

- I will waive payment of sick leave and count all time as credit toward retirement.

- I will be paid for one-half of my accrued sick leave hours with the remaining accrued sick leave counting as credit toward my service retirement. One-half of my accrued sick leave is _____ hours. (*Reference: Section 2.100.100 of the Sacramento County Code*)

_____ Name (Print)	_____ XXX – XX – SSN
_____ Signature	_____ Date
_____ Department/Agency	_____ Retirement Effective Date

NOTE: SCERS recommends you forward a copy of this statement to your departmental personnel/payroll clerk for processing.