CITY OF GLENDALE
REQUEST FOR CALPERS UNUSED SICK LEAVE CONVERSION

PLEASE INDICATE BY PLACING A CHECK MARK ON THE BOX OF YOUR CHOICE AND FILL OUT REQUIRED INFORMATION BELOW:

Retiree's Name:		Social Security (last 4 only):	
Home Address:	City:	State:	Zip:
Telephone Number:	Employee's Last Day on Payroll:	Employer: **City of Glendale, CA**	EmpID Number:

TYPE OF UNUSED SICK LEAVE CONVERSION REQUEST

❑ **I DO NOT** WANT TO CONVERT ANY UNUSED SICK LEAVE FOR SERVICE CREDIT WITH CALPERS. ALL UNUSED SICK LEAVE WILL BE TRANSFERRED TO THE RHSP UPON RETIREMENT.

❑ **FULL REQUEST:** I WANT TO CONVERT **ALL ELIGIBLE** UNUSED SICK LEAVE FOR SERVICE CREDIT WITH CALPERS.

❑ **PARTIAL REQUEST:** I WANT TO CONVERT THE FOLLOWING HOURS OF UNUSED SICK LEAVE FOR SERVICE CREDIT WITH CALPERS. REMAINING BALANCE OF UNUSED SICK LEAVE WILL BE TRANSFERRED TO THE RHSP UPON RETIREMENT.

SICK LEAVE HOURS TO BE CONVERTED _____

Retiree's Signature:	Date:

IMPORTANT: Any changes to initial Employer Certification on the CalPERS Service Retirement Application the City of Glendale will submit an Amended Employer Certification form; in which an adjustment to the retiree's retirement allowance will be completed once CalPERS received the amended form.

HUMAN RESOURCES Office Use Only:	Total Unused Sick Leave Hours: _____	As of Date: _____	Verified By: (Initials) _____	Date: _____

PAYROLL Office Use Only:	FINAL Unused Sick Leave Hours: _____	As of Munis Date: _____	Verified By: (Initials) _____	Date: _____