



District School Board of Pasco County
ACCRUED LEAVE PAYOUT DESIGNATION

Please Print or Type:

Employee Name: _____
Last Name First Name MI

Employee ID #: _____ Work Location: _____

Please check one of the following options for payout of your accrued sick leave.

- Transfer accrued sick leave to _____ (FRS-covered Employer)
(Transfer of accrued sick leave must be permitted by receiving FRS-covered employer.)
- Payout of accrued sick upon resignation/retirement
- Terminal Leave Payout to my _____ account with _____
403b or 457b Name Authorized of Investment Company

Please send future correspondence to this email address: _____
(Cannot be an @pasco.k12.fl.us email address)

✓ Signature of Employee _____ **Date** _____

- The receiving FRS-covered Employer must permit transfer of accrued sick leave.
- Employees who retire with sick leave and/or vacation leave totaling a minimum 120 hours will receive a lump sum payment deposited into the 401(a) Special Pay Plan credited in his or her name within 30 days of final paycheck.
- 403(b)/457(b) account must be established through payroll deductions at least 30-days prior to retirement or resignation. Contact your 403b/457b Representative for additional information.

SICK LEAVE PAYOUT SCHEDULE

<u>YEARS OF SERVICE</u>	<u>RESIGNATION</u>	<u>*FRS RETIREMENT</u>
0 – 3 YEARS	17.5 %	35 %
4 – 6 YEARS	20 %	40 %
7 – 9 YEARS	22.5 %	45 %
10 – 14 YEARS	25 %	50 %
15 – 19 YEARS	37.5 %	75 %
20 + YEARS	50 %	100 %

FOR HREQ USE ONLY				
Leave Type	Total Accrued Hours	Percentage Rate	Hours Paid	Rate of Pay
Sick				
Vacation				
CREDITABLE YEARS OF SERVICE				
Pasco County Schools	Other Florida District		Days Worked	

Verification: HREQ Staff Member: _____ Date: _____
 Leaves Administration: _____ Date: _____

FRS Retirement: You must have a completed retirement application on file with Employee Benefits.