



DPF-279

APPLICATION FOR

Lump Sum Supplemental Compensation for Earned and Unused Sick Leave for Retirees

INSTRUCTIONS: Before completing this form, see NJAC4A:6-3.(1 through 4) concerning SCOR.

1. NAME OF EMPLOYEE (Print or Type)		2. DEPARTMENT OR AGENCY	
3. SIGNATURE OF EMPLOYEE		4. SOCIAL SECURITY NUMBER	
5. PRESENT MAILING ADDRESS (Street, City, State, Zip Code)		6. EMPLOYEE'S TITLE AT RETIREMENT	
7. Salary at time of retirement:		8. Effective date of Retirement:	
9. Name of Employee's Pension System: <input type="checkbox"/> PERS <input type="checkbox"/> PFRS <input type="checkbox"/> TPAF <input type="checkbox"/> OTHER: _____ PENSION NUMBER: _____		10. DATES OF EMPLOYMENT from: _____ to: _____ <input checked="" type="radio"/> Leaves without pay; list dates, if any: from: _____ to: _____ from: _____ to: _____	

11. TOTAL AVERAGE ANNUAL COMPENSATION (Base salary during last 261 paid payroll days or 217 days for 10 month employees, counting back from effective date of retirement). Be sure to **exclude** any unpaid leaves.

TITLE	PERIOD (Day, Month, Year)	Number of Payroll Days X Daily Rate = Amount	
	from: _____ to: _____		\$ _____
	from: _____ to: _____		\$ _____
	from: _____ to: _____		\$ _____
	from: _____ to: _____		\$ _____
	from: _____ to: _____		\$ _____
Total Days <input type="checkbox"/> 261 or <input type="checkbox"/> 217		Total Compensation \$ _____	

12. AVERAGE DAILY RATE DURING LAST FULL YEAR OF EMPLOYMENT: A. For 12-month employees \$ _____ divide total compensation (Item 11) by 261. B. For 10-month employees \$ _____ divide total compensation (Item 11) by 217.	13. UNUSED SICK LEAVE (When converting hours to days, round out figures to nearest quarter of day) A. Balance thru December 31, _____ (Prior Year) B. Earned calendar year _____ to effective date of retirement (Employees earn 1.25 days per month) C. Total sick days accrued (A + B) D. Used calendar year _____ to effective date of retirement E. Balance of sick leave at retirement (C minus D)	DAYS	14. AMOUNT (Item 13E X Item 12 divided by 2) \$ _____ NOTE: Total payment NOT to exceed \$15,000
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15. Sick leave information for UNCLASSIFIED service or any periods served in unclassified service. Please attach sick leave time records for last 5 years of unclassified service.

A. Was there a fixed number of days an employee could earn and be credited each year? <input type="checkbox"/> YES <input type="checkbox"/> NO How many? _____ ▶ Explain how this amount was determined on reverse side.	D. Give dates for which sick leave records were maintained and are available (Indicate month, day, and year) from: _____ to: _____ from: _____ to: _____	F. Has this employee or employees in these class titles, received types or amounts of leave that classified employees did not receive? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what types of leave and how much of each was granted? Explain variations from procedure for classified employees. Use reverse side for explanations.
B. Was sick leave recorded in the same manner for all full time employees? <input type="checkbox"/> YES <input type="checkbox"/> NO ▶ Explain how recorded on reverse side.	E. On reemployment, did former employee regain sick leave outstanding at the time of separation? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, were there any limitations) <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, describe limitations on reverse)	
C. Are records concerning use of sick leave maintained? <input type="checkbox"/> YES <input type="checkbox"/> NO ▶ Explain how maintained on reverse side.		

16. I CERTIFY that all statements on this application are true and correct to the best of my knowledge and belief under penalty of perjury.

Signature of Appointing Authority _____ Date: _____

17. APPROVAL: Civil Service Commission Signature _____ Date: _____	Submit completed form along with pension approval letter to ▶ Civil Service Commission Compensation/SCOR Unit P.O. Box 313 Trenton, NJ 08625
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