

DISTRICT RETIREMENT BENEFITS FORM

I certify that based on the effective retirement date with the South Carolina Retirement Systems (SCRS)

_____ will have:
Employee Name _____

_____ Years of Service with GCS _____ Accrued Sick Leave Days _____ Banked Vacation Days

Approved as correct by immediate supervisor:

Supervisor Signature _____ Date _____

PLEASE INITIAL/COMPLETE ONE OF THE FOLLOWING SECTIONS:

RETIREEES WITHOUT 10 CONSECUTIVE YEARS OF SERVICE WITH THE DISTRICT:

_____ I request SCRS service credit for _____ accrued sick leave days (90 day maximum) but do not have 10 years continuous service to qualify for payment in accordance with Policy GBQ (no payment will be made). These days will be removed from your available sick leave balance and may not be reinstated. Any remaining balance will be reduced by one-half.

RETIREEES WITH 10 CONSECUTIVE YEARS OF SERVICE WITH THE DISTRICT:

_____ I request SCRS service credit and **payment** for **all** unused, accrued sick leave days in accordance with Policy GBQ and banked vacation in accordance with Policy GBRK as applicable. The sick leave days will be removed from your available sick leave balance and may not be reinstated.

OR

_____ I request SCRS service credit and **payment** for _____ unused, accrued sick leave days and wish to keep the balance of unused, accrued sick leave days in accordance with Policy GBQ and banked vacation in accordance with Policy GBRK as applicable. The sick leave days paid will be removed from your available balance; the remaining days you wish to keep will be reduced by one-half. Days removed from an accrued balance may not be reinstated in accordance with Policy GBQ.

TERI RETIREEES:

Beginning TERI:

_____ I request **SCRS service credit and payment** for the specified amount of accrued sick leave days _____ (90 day maximum) in accordance with Policy GBQ. The balance of your accrued sick leave days will be paid when you leave TERI employment. These days will be removed from your available balance and may not be reinstated. **You must have 10 consecutive years of service to qualify for payment.**

Ending TERI:

_____ I request **payment** for **all** unused, accrued sick leave days in accordance with Policy GBQ and banked vacation in accordance with Policy GBRK as applicable. The sick leave days will be removed from your available sick leave balance and may not be reinstated.

OR

_____ I request **payment** for _____ unused, accrued sick leave days and wish to keep the balance of unused, accrued sick leave days in accordance with Policy GBQ and banked vacation in accordance with Policy GBRK as applicable. The sick leave days paid will be removed from your available balance; the remaining days you wish to keep will be reduced by one-half. Days removed from an accrued balance may not be reinstated in accordance with Policy GBQ.

Signature of Employee _____ Employee ID Number _____

Effective Date of Retirement _____

The department/school should complete the information, have the immediate supervisor and employee sign and send the **original** completed form to Disbursement Services prior to the effective date of retirement.

Payment Authorized by Payroll & Insurance Services:

Signature _____ Date _____