



Snoqualmie Valley Public Schools

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065
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To: PAYROLL OFFICER

From:

Name (Please Print)

Location

Position

Subject: SICK LEAVE CASH-OUT, RCW 41.35.010, RCW 41.32.010, RCW 28A.400.212, RCW 41.40.010, WAC 392.136, SCHOOL BOARD RESOLUTION #572

Per the above mentioned laws and school board resolution, I hereby request monetary payment for my accrued sick leave. I have already submitted my intent to resign/retire to the Personnel Office for Board approval. I understand that the formula for the cash-out is 25% of my accumulated sick leave time multiplied by my current contracted daily rate of pay. I understand that this remuneration will not be included as earnable compensation in regard to retirement. I understand I must apply for cash out of sick leave within 3 months of resignation or retirement with the Snoqualmie Valley School District (i.e., last day of employment with the District).

_____ I am eligible to retire and choose to cash out my sick leave.

_____ I am resigning, and I am a member of TRS or SERS Plan 3. I am 55 or older, and I have a minimum of 10 years of service credit in TRS or SERS Plan 3, with the Washington State Department of Retirement.

_____ I choose to receive sick leave cash out

_____ I choose to leave my sick leave balance on the books for future use, should I re-employ with a qualified public entity in Washington State.

_____ I am resigning, and I am a member of TRS, PERS, or SERS Plan 2. I am 55 or older, and I have a minimum of 15 years service credit in TRS, PERS or SERS Plan 2, with the Washington State Department of Retirement.

_____ I choose to receive sick leave cash out

_____ I choose to leave my sick leave balance on the books for future use, should I re-employ with a qualified public entity in Washington State.

Signature of Employee

Date