



# EMPLOYEE NOTIFICATION OF RETIREMENT

TO: \_\_\_\_\_ AND \_\_\_\_\_  
Supervisor/Manager Name Department Liaison Name

FROM: \_\_\_\_\_  
Employee Name Employee ID # Date Completed

LAST DAY ON PAYROLL: \_\_\_\_\_ OFFICIAL DATE OF RETIREMENT: \_\_\_\_\_

REQUESTED LAST DAY WORKED (if different than last day on payroll): \_\_\_\_\_

You must give a **minimum of two weeks' notice** to retire in **"good standing"** in order to utilize Sick Leave balances. (County Code Section 03.04.420).

## LEAVE BALANCES

I request my remaining leave balances (where applicable) be processed as indicated below.

## VACATION/FLOATING HOLIDAY/HCE/CTE/MANAGEMENT/DA & CHILD SUPPORT ATTORNEY LEAVE

I choose one of the following options or a combination of the options I am eligible for:

- Option 1:** Pay me a lump sum for all Vacation, Floating Holiday, Holiday Credit Earned, Compensatory Time Earned, Management Leave, District Attorney (DA) & Child Support Attorney Leave balances, accrued and still remaining, as of my last day of employment.
- Option 2:** I elect to defer \_\_\_\_\_ hour(s) of my vacation leave into my 401(k) and/or 457 plan(s).
  - 401K Hours:** \_\_\_\_\_
  - 457 Hours:** \_\_\_\_\_
 You may only defer an amount up to the annual IRS dollar limits for each plan, including deferrals made year-to-date. Any excess over the limit will be cashed out.
- Option 3:** I request to remain in an active pay status utilizing leave balances pending my retirement date. If you request this option, a **Request to Use Leave Balances Pending Retirement Form** must be approved in advance by your Department Head or designee and attached to this notification.
- MANAGEMENT LEAVE/DA & CHILD SUPPORT ATTORNEY LEAVE:** I authorize the County of Placer to deduct any number of hours required to cover any overpayment of Management Leave, DA & Child Support Attorney Leave from my final cash-out of leave balances including Vacation, Compensatory Time Earned, Floating Holiday, and Holiday Credit Earned.

**SICK LEAVE ACCRUALS****Placer Public Employees Organization** (PPEO General and Professional units or Unclassified Non-Management)

This option is NOT available to PPEO employees covered by the CalPERS Safety Retirement Plan (see below).

- I acknowledge that, upon separation in good standing, my earned sick leave balance, up to 1,500 hours, will be converted to the Retirees Paid Health (RPH) program which covers group medical insurance premiums only and does not cover dental, vision, supplemental life or any other insurance premiums and does not cover Medicare premiums taken from my Social Security check. Any unused earned sick leave hours in excess of 1,500 will be applied to CalPERS service credit pursuant to Government Code Section 20965.

**DSA, Safety Management & PPEO Safety (Correctional and Probation Officers)**

(Employees eligible to receive CalPERS Safety Retirement plan benefits.)

I elect the following applicable options as defined in Placer County Code Chapter 3, Article 3.04.420, or as agreed upon in the most recent MOUs. **ONCE SELECTION IS MADE, IT IS IRREVOCABLE.**

- Option 1:** I will cash-out \_\_\_\_\_ hour(s) of my earned sick leave.  
You must have at least ten years of continuous Placer County service for cash-out. The amount eligible for cash-out is based on the sick leave cash-out schedule ([3.04.420](#)).
- Option 2:** I elect to defer \_\_\_\_\_ hour(s) of my sick leave into my 401(k) and/or 457 plan(s).  
 **401K Hours:** \_\_\_\_\_  **457 Hours:** \_\_\_\_\_  
 You may only defer an amount up to the annual IRS dollar limits for each plan, including deferrals made year-to-date, any excess over the limit will be cashed out. You must have at least ten years of continuous Placer County service for cash-out. The amount of hours eligible for cash-out is based on the sick leave cash-out schedule ([3.04.420](#)).  
 EXCEPTION: DSA eligible to apply 100% of accumulated sick leave balances on record as of July 23, 2004, within IRS limits.
- Option 3:** I elect to use sick leave and remain in an active pay status prior to retirement. This option is only applicable when meeting the following criteria:  
**DSA, Probation Officers, Safety Management** - applies only to those leave balances on record as of **July 23, 2004**.  
**Correctional Officers** - applies only to those leave balances on record as of **November 24, 2006**.  
 I will use \_\_\_\_\_ hours of my earned eligible sick leave from \_\_\_\_\_ through \_\_\_\_\_  
 (The use of sick leave in active pay status is not subject to vacation/sick leave accruals.)

**Confidential and Management** (Classified and Unclassified excluding Safety Management)

- I acknowledge that, upon separation in good standing, my earned sick leave balance will be converted and contributed to a Health Reimbursement Account (HRA) for purposes of reimbursement of allowable medical premiums and medical expenses under the Internal Revenue Code Section 213.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# REQUEST TO USE LEAVE BALANCES PENDING RETIREMENT

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

LAST DAY ON PAYROLL: \_\_\_\_\_ OFFICIAL DATE OF RETIREMENT: \_\_\_\_\_

REQUESTED LAST DAY WORKED (if different than last day on payroll): \_\_\_\_\_

In conjunction with the dates listed above, I request to remain in an active pay status, following my last day worked, while utilizing my accrued leave time as designated below.

Leave Time Category	# Accrued Hours To Be Used	Start Date	End Date
Vacation			
Floating Holiday			
Holiday Credit Earned			
Compensatory Time Earned			
Management Leave*			
District Attorney & Child Support Attorney Leave*			
Other _____ (specify)			

\*Earned on a pro-rated basis.

Per the requirements of this election, I have discussed my request to remain in an active pay status, while utilizing my accrued leave time, with my immediate supervisor; however, I understand this request must be accepted and signed by the department head to be officially approved in advance of the time off.

\_\_\_\_\_  
Employee Signature                      Employee Name (Print)                      Date

\_\_\_\_\_  
Supervisor Approval                      Supervisor Name (Print)                      Date

\_\_\_\_\_  
Department Head/Designee Approval                      Department Head/Designee Name (Print)                      Date