



EMPLOYEE NOTIFICATION OF RETIREMENT

Employee's Name	Employee ID	Date Submitted
Supervisor/Manager's Name	Department	Division
Requested Last Day of Work ¹	Last Day on Payroll	Retirement Date

By my signature below, I authorize the options checked in this notification, or absent a selection, the default option. Once submitted, I am aware that my resignation becomes final and may not be withdrawn. (You must give a minimum of two weeks to retire in good standing in order to utilize Sick Leave Balances (Chapter Code Section [3.04.420](#).)

In addition, if applicable ², 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.

X _____
 Employee's Signature Date Signed

¹ Any leave balances used prior to the last day on payroll must be pre-approved.

² Management Leave, District Attorney Leave, & Child Support Leave

LEAVE BALANCE OPTIONS

Based on my labor group, I request my remaining leave balances (where applicable) be processed as indicated below. These options are subject to change based on future MOU and/or County Code changes.

VACATION/FLOATING HOLIDAY/HCE/CTE/MANAGEMENT/DA AND/OR CHILD SUPPORT ATTORNEY LEAVE LABOR GROUP(S): All Groups

I elect the following option or a combination of the options for which I am eligible:

Option 1: I elect 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 remaining, as of my last day of employment. **(Default Option)**

Option 2: I elect to defer the following vacation leave hour(s) into the following deferred compensation plans up to the annual IRS limit for each plan, including deferrals made year-to-date. Traditional and Roth accounts within the same plan are subject to a combined annual limit. If more than one, please designate the contribution priority order. Any excess over the limit will be cashed out.

401(K)

Priority	Plan	# Vac Hours
	Traditional (Pre-Tax)	
	ROTH (Taxable)	

457

Priority	Plan	# Vac Hours
	Traditional (Pre-Tax)	
	ROTH (Taxable)	

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.

SICK LEAVE ACCRUALS

LABOR GROUPS: Placer Public Employees Organization (PPEO General and Professional units) & Unclassified Non-Management *(This option is NOT available to PPEO employees covered by the CalPERS Safety Retirement Plan.)*

I acknowledge that upon separation in good standing, up to 1,500 of earned sick leave balances 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 and/or Medicare premiums. Any unused sick leave more than 1,500 hours will be applied to CalPERS service credit pursuant to Government Code Section 20965.

LABOR GROUPS: DSA, LEMA, 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 [\(3.04.420\)](#). **(Default Option)**

Option 2: I elect to defer the following sick leave hours into the following deferred compensation plans up to the annual IRS limit for each plan, including deferrals made year-to-date. Traditional and Roth accounts within the same plan are subject to a combined annual limit. If more than one, please designate the contribution priority order. 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.*

401(K)

Priority	Plan	# Sick Hours
	Traditional (Pre-Tax)	
	ROTH (Taxable)	

457

Priority	Plan	# Sick Hours
	Traditional (Pre-Tax)	
	ROTH (Taxable)	

Option 3: 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.)

This option is only applicable when meeting the following criteria:

DSA, LEMA, Probation Officers, Safety Management - Sick leave balance on record as of **July 23, 2004**.
Correctional Officers – Sick leave balance on record as of **November 24, 2006**.

Labor Groups: Management & Confidential

I acknowledge that upon separation in good standing, earned sick leave balances 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.



REQUEST TO USE LEAVE BALANCES PENDING RETIREMENT

Employee's Name	Employee ID	Date Submitted
Supervisor/Manager's Name	Department	Division
Requested Last Day of Work ¹	Last Day on Payroll	Retirement Date

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