

Sick Leave Carryover/403(b) Election Form

Following the close of each fiscal year, the Finance Department shall determine which classified employees have accrued sick leave in excess of thirteen (13) days during the immediately preceding fiscal year. All eligible employees shall receive the Sick Leave Carryover / 403(b) Election Form. All election forms will be distributed to employees via email no later than five (5) business days following the end of the fiscal year (June 30.) If a response is not received from the employee within ten (10) business days of the email notification from the finance department, the election will default to Option B – Sick Leave Carryover.

SCHOOL YEAR:

This form is used by eligible classified employees to elect how sick leave days accrued during the prior fiscal year in excess of thirteen (13) days will be treated, in accordance with Board policy and related administrative procedures.

EMPLOYEE INFORMATION

- Employee Name: _____
- Employee ID: _____
- Position: _____
- School/Work Location: _____
- District Email Address: _____

SICK LEAVE ELIGIBILITY INFORMATION (COMPLETED BY FINANCE)

- Total Sick Leave Accrued (Prior Fiscal Year): _____ days
- Sick Leave Retained Automatically (13 days): 13 days
- Eligible Sick Leave Day(s) for Election: _____ days
- Employee Daily Rate: \$ _____

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EMPLOYEE ELECTION (SELECT ONE OPTION ONLY)

☐ Option A – 403(b) Conversion

- I elect to convert my eligible sick leave day(s) in excess of thirteen (13) into a contribution to the district's Board-approved 403(b) annuity program.
- Contribution shall be made at 125% of my current daily rate per eligible sick leave day converted.
- Contributions will be made directly to the Board-approved 403(b) vendor.
- I understand that all contributions are subject to IRS contribution limits and applicable vesting requirements.
- Any sick leave that cannot be converted due to IRS limits will remain as sick leave and be carried forward.

☐ Option B – Sick Leave Carryover

- I elect to carry forward my eligible sick leave day(s) in excess of thirteen (13) to the following fiscal year, in accordance with Board policy.

ACKNOWLEDGEMENTS

- By signing below, I acknowledge and understand that:
- I have received notice of my eligibility in accordance with Board policies 03.1232 and 03.2232.
- I have been provided ten (10) business days from receipt of notification via district email to submit this election.
- If this form is not returned within ten (10) business days, my election will default to Option B – Sick Leave Carryover.
- My election, once submitted, is irrevocable for the applicable fiscal year.
- No cash payment will be made to me under this program.

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EMPLOYEE CERTIFICATION

Employee Signature: _____

Date: _____

HUMAN RESOURCES / PAYROLL USE ONLY

- **Date Notification Sent:** _____
- **Date Election Received:** _____
- **Election Timely:** ☐ Yes ☐ No (If No, default to Option B)
- **Contribution Amount:** \$ _____
- **Processed By:** _____
- **Processing Date:** _____