TRS
TEACHERS' RETIREMENT SYSTEM
ALASKA DIVISION OF
Retirement and Benefits
Toll-Free: (800) 821-2251
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Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

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Claim and Verification of Unused Sick Leave Credit

FOR OFFICE USE ONLY

NAME	SOCIAL SECURITY NUMBER

I wish to claim all creditable days (only full days will be credited) of sick leave accrued during my Teachers' Retirement System (TRS) membership service. I understand that I must claim the sick leave within one year of my retirement. I also understand that I must be on retirement the same number of days as the number of creditable sick leave days accrued, before a benefit will be paid on that portion of service and that my benefit will be increased effective the first day of the month following the expiration of this period. Further, I certify that this application denotes my full and entire claim for all my accrued sick leave during my TRS membership service and forfeits my right to a further claim for this service.

I understand it is my sole personal responsibility to claim my unused sick leave.

SIGNATURE	DATE

FOR EMPLOYER USE ONLY: (Round down to nearest day, no partials. Please verify only full days of unused sick leave.)

I certify that _____ has an unused sick leave balance
Name of Employee

of _____ full days from _____ to _____.
Number *Beginning date of employment* *Ending date of employment*

I understand that only unused sick leave and no other type of leave can be verified for this purpose. I further understand that my organization holds the data of record. Any dispute regarding the number of certified days will be referred to us for resolution.

SCHOOL DISTRICT	
SIGNATURE OF CERTIFYING OFFICER	DATE
PRINTED NAME OF CERTIFYING OFFICER	PHONE NUMBER