

**Application for Sick Leave Compensation**

**Last Two Years Prior to Retirement**

**Enrollment Form**

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Complete all sections. For more information, call Contract Administration at (773) 995-2439.

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| --- | --- | --- | --- |
| Last Name | First | Middle Initial | University Id. Number |
| Street Address | | Home Phone # | Date of Birth |
| City | State | Zip Code |  |
| Dept. | | Work Address | |
| Contact Address, Phone, and/or E-mail After Retirement if Different than Current: | | | |
| Date of Retirement | | ***This Date is an Irrevocable Declaration for Retirement to be Eligible for Sick Leave Compensation.*** | |

**Due Date: September 15 Declaration of Retirement**

This form is due on **September 15** prior to the start of the last two years of employment at Chicago State University. The Declaration for Retirement will commence with the year in which it is given. An academic year runs from about August 15 to May 15. Those employees on 12-month appointments use a fiscal calendar year from June 1 to July 31.

**Read This Information Before Signing**

I hereby acknowledge I have received and read the Chicago State University Policy on Sick Leave Buy Out for Eligible CSU/UPI Employees, and I agree to the terms and conditions stated in the Policy for eligible employees. I hereby acknowledge that I understand that the amount of compensation shall be payable in two lump sum payments at the end of each year for the last two years of employment. This sum shall be submitted to the State University Retirement System office as part of my salary credit. In return for this benefit, I submit an **irrevocable** date of retirement as indicated in this declaration. I will retire by the date indicated.

*Signature: Date:*

Print Name:

*Department Chair*:  *Date*:

Print Name:

*Contract Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Send signed declaration to Contract Administration: 308 Cook Administration Building*, *9501 S. King Dr., Chicago , IL 60628; 773/995-2439. Attach the Sick Leave Buyout Calculation worksheet prepared by the Payroll Office and the Payment Request form.*

Contract Administration will send copies to: Budget Office and Human Resources, who will notify SURS

Contract Administration - 11/17/03 Revised 7/20/2005; 6/19/08