

**IOWA STATE UNIVERSITY  
APPLICATION FOR PAYMENT OF  
ACCUMULATED, UNUSED SICK LEAVE**

**I. To be completed by Claimant**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ University ID \_\_\_\_\_

(Payment will be made mid-month following the month of retirement and will be in accordance with Human Resource Services records at the time it is issued – direct deposit, etc.)

Department \_\_\_\_\_ College/Division \_\_\_\_\_

Date of Retirement \_\_\_\_\_

In accordance with Section 70A.23 of the Code of Iowa, I hereby apply to receive cash payment for any accumulated, unused sick leave which I have available at the time of my retirement.

I understand that payment shall be calculated by multiplying the number of accumulated, unused sick leave hours by my rate of pay at my retirement date. I further understand that the total cash payment shall not exceed \$2,000.00. Taxes will be withheld from this payment.

My signature on this form verifies that I am terminating my employment to effect my retirement, have applied for retirement benefits, and am at least 55 years of age (minimum eligibility age).

Retirement Program:

IPERS Retirement System

Substitute Annuity Program

TIAA/CREF Program

Civil Service Retirement Program

Date \_\_\_\_\_

Signature \_\_\_\_\_

**II. To be completed by Department**

Total hours of unused sick leave at time of retirement \_\_\_\_\_

Hourly rate of pay at time of retirement \_\_\_\_\_

Amount of compensation due (may not exceed \$2,000.00) \_\_\_\_\_

Account number(s) from which salary has been paid \_\_\_\_\_

(Note percentages where appropriate) \_\_\_\_\_

Date \_\_\_\_\_

Dept. Executive Officer \_\_\_\_\_

**RETURN TO:**

Department of Human Resource Services

Benefits Office

3770 Beardshear Hall

Ames, IA 50011-2033.

**III. To be completed by Institutional Administrator**

Fund Source for cash payment \_\_\_\_\_

Date \_\_\_\_\_

Institutional Administrator \_\_\_\_\_