

SICK LEAVE INCENTIVE PROGRAM NOTIFICATION FORM

Act 1127 of 1999 provides financial incentives to state employees to decrease their use of sick leave. A Sick Leave Incentive Award will be issued upon retirement to state employees who are ***immediately*** eligible for, and have made written application to receive, retirement benefits from a retirement system sponsored by the State of Arkansas.

Employees are eligible for this Sick Leave Incentive Award if they have a minimum of fifty (50) unused accrued sick leave days on the date of their retirement and are eligible for retirement benefits from a State of Arkansas sponsored retirement system.

Paid sick leave taken concurrently with Family and Medical Leave (FMLA) since August of 1993 will be added to the final total of sick leave for purposes of qualifying for the incentive payout. For example, an employee who has forty days accrued sick leave upon retirement but who used ten days sick leave as FMLS would qualify for a pay out. However, the amount of the payout will be based on the unused sick leave balance at the time of retirement. Documentation of the FMLS must be submitted along with the other leave records to be audited at the time DFA Human Resources performs the final leave audit.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	I HAVE MADE WRITTEN APPLICATION TO A STATE OF ARKANSAS SPONSORED RETIREMENT SYSTEM
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<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	I COMPLETED FMLA FORMS AND USED SICK LEAVE AS FMLS
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IF YES:

MY FMLA DATES WERE:	FROM:	TO:
	FROM:	TO:

DURING MY FMLA LEAVE I WAS EMPLOYED BY:

AGENCY:
OFFICE:

(If additional space is needed, add to back of form.)

Employee Signature	Date
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Printed Employee Name	Social Security #
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