



HOW WILL YOU SPEND YOUR FUTURE?

EMPLOYMENT TERMINATION OR SICK LEAVE DATA CORRECTION

SR 0559 (Rev. 11/99)

PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM	
Member's Name (last, first, initial)	Member's Social Security Number
County/District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Member's Birthdate (mm/dd/yy)
Employer Contact Name	Employer Contact Phone Number

Enter the employment termination or sick leave data as it was previously reported to CalSTRS in the left column, and the correct date(s) or number of days in the right column.

PREVIOUS DATA SUBMITTED VIA: <input type="checkbox"/> SR 0554E <input type="checkbox"/> SR 0554	PREVIOUS DATA	CORRECTED DATA
Employment Termination Date:	/ /	/ /
Last Day of Compensation:	/ /	/ /
Last Day of Work:	/ /	/ /
Accumulated Unused Sick Leave Days:	Regular	
	Excess	
	Total	
Base Service Days of Contract for Final Year:		

IF EXCESS SICK LEAVE IS CORRECTED, THE PRESENT VALUE MUST BE RECALCULATED BELOW

Unused Excess Sick Leave	÷	Base Service Days	X	Prior Year	X	Present Value Factor	=	Present Value
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
							-	Subtract Previous Present Value
								<input type="text"/>
TOTAL AMOUNT DUE OR REFUND							=	<input type="text"/>
<ul style="list-style-type: none"> If Present Value is greater than the amount previously paid, pay the additional amount to CalSTRS. If Present Value is less than the amount previously paid, CalSTRS will issue a refund. 								\$ <input type="text"/>

One-year Final Compensation
I certify pursuant to the district bargaining agreement present value payment for one year final compensation will be made to CalSTRS within 30 days of receipt of billing for the above captioned member.

Repeal Certification
Having previously certified pursuant to the district bargaining agreement for one year final compensation, I now hereby *repeal certification* for the above captioned member.

Final Compensation Salary Reduction
I certify that because of a reduction in school funds, the above member's salary was reduced for the ___/___ school year(s). This member is eligible to use any three non-consecutive years for final compensation.

Employer Certification: County or District Superintendent of Schools or Authorized Deputy, sign, indicate official title, and date. I understand that Education Code Section 22717(c) specifies that the employer must certify unused sick leave that the member was entitled to on the final day of employment within 30 days of the date of retirement. CalSTRS may assess a penalty on delinquent reports. I certify that the above information is true and correct to the best of my knowledge and is in accordance with the California Education Code.

Signature (Superintendent or Authorized Deputy)	Official Title	Date (mm/dd/yy)
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INSTRUCTIONS FOR EMPLOYMENT TERMINATION AND DATA CORRECTION

Please print using a black ink pen or use a typewriter. Do not erase; erasures are unacceptable and will void this form. If you make a mistake, obtain a new form or line through the error. Make your correction and initial the correction. Complete all dates using numeric designations.

EMPLOYMENT TERMINATION DATE:

Enter the last day the employee was on duty or on a paid leave. This date should be the same as, or later than, the last day of compensation. This date should be earlier than the retirement date.

LAST DAY OF COMPENSATION: Enter the last day the **employee was paid for working. If on a leave of absence**, enter the actual last day for which pay was received, including differential pay. This date must be earlier than the retirement date.

LAST DAY OF WORK: If on a leave of absence, enter the actual last day on duty.

ACCUMULATED UNUSED SICK LEAVE DAYS: Enter the number of accumulated unused excess sick leave days the member will have as of the last day of paid service.

Note: It is illegal for a school district to pay a retiring certificated school employee for accumulated sick leave. (California Attorney General Opinion CV 74/201).

UNUSED EXCESS SICK LEAVE DAYS: Enter the number of accumulated unused excess sick days the member will have as of the last day of paid service. Excess sick leave is sick leave granted by the employer after June 30, 1986, which exceeds one day of sick leave per pay period of at least four weeks. Complete the present value calculation.

CONTRACT BASE SERVICE DAYS (final year): To determine Base Service Days, subtract the number of school and legal holidays from the Full-Time Equivalent (FTE), if they are included in the FTE. In no event shall the base service days be less than 175. Base service days for Administrators will include vacation days.

Full-Time Equivalent (FTE) is the number of days that a person would be required to work in that position for the school year if employed full-time. Full-Time Equivalent may include school and legal holidays.

PRESENT VALUE: Determine Present Value calculation of unused excess sick leave days as follows:

- a) Enter "Unused Excess Sick Leave Days" granted by the employer after June 30, 1986.
- b) Enter "Base Service Days" (not less than 175 days).
- c) Enter "Prior Year Earnable", which is the annual full-time earnable salary for the most recent school year in which service credit was earned preceding the last school year in which service credit was earned prior to termination of employment.
- d) Enter the "Present Value Factor." Refer to latest Employer Directive on Rate Changes to determine the current Present Value factor.
- e) The "Present Value" on the effective date shall be calculated according to the following formula:

Present Value Calculation = "Unused Excess Sick Leave Days" divided by "Base Service Days" multiplied by "Prior Year Earnable" multiplied by "Present Value Factor".

ONE YEAR FINAL COMPENSATION: Check the box if the member's highest annual compensation earned by the member during any period of 12 consecutive months will be used. The District must have collective bargaining agreement on file at CalSTRS and the employee must meet eligibility requirements. For more information, refer to the most recent Employer Directive re: One Year Final Compensation.

FINAL COMPENSATION SALARY REDUCTION: Check the box if the member has received a salary reduction due to a reduction in school funds and is eligible to use any 3 non-consecutive years for final compensation.

EMPLOYER CERTIFICATION: Signature of County or District Superintendent of Schools or authorized Deputy.