



46 State House Station  
 Augusta, ME 04333-0046  
 Telephone (207) 512-3100  
 Toll-free: 1-800-451-9800  
 TTY: (207) 512-3102

# VACATION AND SICK LEAVE REPORTING FORM FOR TEACHER MEMBERS

Member Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Code: \_\_\_\_\_

Reason for this report:  Service Retirement  Disability Retirement  Death

Instructions for completing this form can be viewed and/or downloaded at: [www.mainebers.org/pdfs/forms/cl-0050a.pdf](http://www.mainebers.org/pdfs/forms/cl-0050a.pdf)

### TERMINATION INFORMATION

1. Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### LEAVE INFORMATION

2. Maximum accrued leave allowed for employees in this classification:

Sick Leave \_\_\_\_\_  Days  Hours Vacation Leave \_\_\_\_\_  Days  Hours

3. Amount of leave accrued at point of termination by this employee:

Sick Leave \_\_\_\_\_  Days  Hours Vacation Leave \_\_\_\_\_  Days  Hours

### FINAL PAY INFORMATION

4. Employee's rate of pay: \$ \_\_\_\_\_  Daily  Hourly

5. Date of final monthly payroll detail report on which employee will appear: \_\_\_\_/\_\_\_\_ (month/year)

6. Unused sick leave pay (do not include pay for sick leave taken/used): \$ \_\_\_\_\_

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Unused vacation pay (do not include pay for vacation leave taken/used): \$ \_\_\_\_\_

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

### DISABILITY RETIREES ONLY

8. Last Day in Pay Status: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DO NOT** list a date when the member was paid from a sick leave bank.

9. **Hourly Employees Only:**

Number of hours this employee was expected to work per day: \_\_\_\_\_ Hours/Day

**All Employees:**

Number of days per week this employee was expected to work: \_\_\_\_\_ Days/Week

Number of weeks per year this employee was expected to work: \_\_\_\_\_ Weeks/Year

### CERTIFYING SIGNATURE

I certify that the above is the true and correct representation of the final earnings of the above-named employee and does not include: any vacation or sick leave unless that leave was earned in the course of regular employment; any amount paid as a retirement stipend, an incentive to retire or a consideration for notice of a planned retirement; any amount paid as a bonus; or any other payment that is not compensation for actual services rendered or is not paid at the time services are rendered. I recognize that any misrepresentation or omission may result in the delay of the payment of retirement benefits to this employee and may be subject to the MainePERS statutes regarding fraud [Section 17105(1) (D)].

\_\_\_\_\_  
 CERTIFYING OFFICIAL: Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed/Typed Name

\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 E-mail

**PLEASE RETAIN A COPY FOR YOUR RECORDS**

Form #CL-0050  
 Rev. 6/08