

**INSTRUCTIONS FOR:  
VACATION AND SICK LEAVE  
REPORTING FORM  
FOR TEACHER MEMBERS  
(Form #CL-0050)**

In order to comply with State statutes and rules to process an employee's retirement account, MainePERS needs employers to supply information regarding each retiring employee's termination, leave accruals and earnings.

These instructions are provided to assist you in completing the Vacation and Sick Leave Reporting Form for Teacher Members. To be sure that you have the most up-to-date instructions, visit our web site at [www.maineopers.org](http://www.maineopers.org), visit the Employer section, click on the "Employer Forms" link under the heading of "Forms" and select form #CL-0050a. Instructions can also be requested by calling MainePERS at the above numbers.

The Vacation/Sick Leave form will be sent to you by MainePERS when a member of MainePERS whose final MainePERS-covered employment prior to retirement was as an employee of your agency or district. If you need further assistance completing this form, we encourage you to contact MainePERS.

### TERMINATION INFORMATION

1. **Termination Date:** Typically, this is the individual's last day of work. Exceptions would be someone who takes a vacation immediately prior to terminating their position or someone who chooses a date other than their last work day as their termination date. (e.g.: A teacher under contract through August 31<sup>st</sup> whose last work day was in June but chooses a termination date in July or August in order to be considered the next year older for age-reduction purposes.)

### LEAVE INFORMATION

2. **Maximum accrued leave allowed for employees in this classification:** List the highest amount of sick and vacation leave an employee in the same classification (e.g. teacher or administrator) as the employee listed is able to accumulate. For teachers and administrators, this is usually listed in their comprehensive contract.

Check the appropriate boxes to indicate whether the leave is earned in hours or days.

3. **Amount of leave accrued at point of termination by this employee:** List the amount of sick and vacation leave the individual named on the form had available to him/her at the point of termination, **including days/hours of "unused" leave paid at termination** (but not including any leave days actually taken prior to the date of termination).

Check the appropriate boxes to indicate whether the leave is earned in hours or days.

### FINAL PAY INFORMATION

4. **Employee's rate of pay:** List the employee's hourly or daily rate of pay and check the appropriate box to indicate whether the rate provided is hourly or daily.
5. **Date of final monthly payroll report on which member appears:** List the **month** and year of the report on which the retiree's earnings last appear, not the date it will be submitted.
6. **Unused sick leave pay:** List any and all payments made to this employee at termination/retirement for sick leave that was available to him/her but that s/he did not use prior to terminating employment. **Do not** include pay for sick leave taken/used by the employee **or** payment made from a sick leave bank. **Do** include payment from which no MainePERS contributions were withheld.

7. Unused vacation pay: List any and all payments made to this employee at termination/retirement for vacation leave that was available to him/her but that s/he did not use prior to terminating employment. **Do not** include pay for vacation leave taken/used by the employee. **Do** include payment from which no MainePERS contributions were withheld.

## DISABILITY RETIREES ONLY

**NOTE:** The information in this section is only required for employees who have been approved for a MainePERS disability retirement benefit. If the “Reason for this Report” at the top of the form is **not** “Disability Retirement”, leave this section of the form blank. **If you have questions about the information to enter in this section, contact the MainePERS Disability Department.**

8. Last Day in Pay Status: This date is often needed to help determine the effective date of a member’s Disability Retirement and should be the last date the employee worked or used their own leave (sick or vacation) time. **DO NOT** list a date when the member was paid from a sick leave bank. Sick leave bank pay is not earnable compensation, is not subject to MainePERS withholding and is not used towards MainePERS retirement benefits.

9. **Hourly Employees Only:**

Number of hours this employee was expected to work per day: List the number of hours this employee normally worked per day. **Example:** 8 Hours/Day

**All Employees:**

Number of days per week this employee was expected to work: List the number of days this employee normally worked each week. **Example:** 5 Days/Week

Number of weeks per year this employee was expected to work: List the number of weeks this employee normally worked each year. **Example:** 36 Weeks/Year

## CERTIFYING SIGNATURE

This form should be signed by the individual completing the form. Please note that the certifying official who signs this form cannot be the employee.

If you have **any** questions regarding this form, please contact the MainePERS Teacher Unit.