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# VACATION AND SICK LEAVE REPORTING FORM FOR PLD 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 downloaded at: [www.maineopers.org/pdfs/forms/cl-0051a.pdf](http://www.maineopers.org/pdfs/forms/cl-0051a.pdf)

## TERMINATION INFORMATION

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

## FINAL PAY INFORMATION

2. Number of hours prescribed for full-time employees in this employee classification \_\_\_\_\_/Year

3. Number of hours **this employee** worked: Per Day: \_\_\_\_\_ Per Week: \_\_\_\_\_

4. Employee's rate of pay: \$\_\_\_\_\_ / Hour

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

6. Regular Earnings \_\_\_\_\_ Hours \$\_\_\_\_\_

7. Overtime Earnings \_\_\_\_\_ Hours \$\_\_\_\_\_

8. Unused Vacation Pay \_\_\_\_\_ Hours \$\_\_\_\_\_

9. Unused Sick Leave Pay \_\_\_\_\_ Hours \$\_\_\_\_\_

10. Other Pay (Describe:) \_\_\_\_\_ Hours \$\_\_\_\_\_

11. **TOTAL EARNINGS REPORTED** (total of #s 6-10 above) \$\_\_\_\_\_

Note: This total should be the same as the total earnings reported on the final "monthly Detail Summary Report" (see form instructions for further information).

## UNUSED/UNPAID LEAVE INFORMATION

12. Total accrued, unused vacation balance **not paid:** \_\_\_\_\_ Hours

13. Total accrued, unused sick leave balance **not paid:** \_\_\_\_\_ Hours

## DISABILITY RETIREES ONLY

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

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

15. Number of weeks **this employee** worked per year: \_\_\_\_\_/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