

UNIVERSITY OF ILLINOIS SYSTEM
URBANA-CHAMPAIGN • CHICAGO • SPRINGFIELD

SICK LEAVE POLICY FOR COMPENSABLE SICK LEAVE

WAIVER AND DIRECTION FOR SURS SERVICE CREDIT

The undersigned employee of the Board of Trustees of the University of Illinois (the "University") and a participant in the State Universities Retirement System ("SURS") acknowledges that (1) pursuant to Public Acts 83-976 and 90-65 upon my death, retirement or resignation from the University I would be entitled to receive payment of my then accrued and unused sick leave earned between January 1, 1984 and December 31, 1997 (computed by multiplying ½ of the number of days of such accumulated sick leave by my rate of compensation); and (2) pursuant to Section 15-113 of the Act creating the State Universities Retirement System (Illinois Revised Statutes, Chapter 108 ½, Section 15-113) as a participant in SURS I would be entitled to additional service for that portion of unused sick leave credited to my account on the date of termination of my employment for which payment is not received, in accordance with the formula established in said Section 15-113.

It is my preference to increase my service credit in SURS in lieu of receiving the maximum payment of my eligible accrued sick leave under PA 83-976 and PA 90-65 upon termination of my University employment.

Accordingly, I hereby waive my statutory right under PA 83-976 and PA90-65 to receive a lump sum payment for all or a portion of my eligible accrued/unused compensable sick leave upon my retirement or resignation from the University and direct that the University certify to the SURS Board for service credit under Section 15-113 of Chapter 108 ½ the number of days so waived plus all other unused cumulative days of sick leave which have accrued to my account on the date of my retirement or resignation and have not been compensated under PA 83-976 and PA 90-65.

	HOURS	DAYS*
Total balance of Compensable Sick Leave available:	_____ / 7.5 or 8.0	_____
Amount to be waived for SURS service credit:	_____ / 7.5 or 8.0	_____
Remaining balance to be paid:	_____ / 7.5 or 8.0	_____

**total hourly balance divided by 7.5 or 8.0 hours based on employee's full-time work schedule = number of days*

Employee Signature: _____ Date: _____

Employee Printed Name: _____ UIN: _____