

IRREVOCABLE ELECTION TO RETIRE

EMPLOYEE LEGAL NAME: _____

EMPLOYEE WIU ID NUMBER: _____

TERMINATION DATE (M/D/Y): _____

DATE SURS ANNUITY IS TO BEGIN (M/D/Y): _____

The following conditions apply to individuals exercising the irrevocable election to retire:

1. Retirement from Western Illinois University begins no later than the termination date indicated above.
2. All payments for unused paid sick leave will be reported as earnings to SURS. Earnings, as defined by SURS, are assessed employee retirement contributions. Payments for unused paid sick leave will have employee retirement contributions withheld in accordance with Public Act 92-0599.
3. Compensation for unused paid sick leave will be paid according to the employee's election made on the Irrevocable Sick Leave Payment Plan on reverse.
4. The unused paid sick leave payment will be calculated based upon the balance of unused payable sick leave days and the employee's salary at the time of payment of the benefit.

I hereby certify that I am eligible to make this election under the provisions of the current UPI bargaining agreement which states, "Pursuant to Public Act 92-0599 and subsequently upon the employee's request, unused sick leave that can be used for sick leave buy-out will be paid at the current rate of earnings as part of earnings from the University during the period of up to two years of employment prior to retirement, subject to the 20% limitation and the guidelines set by SURS..."

I ELECT THE IRREVOCABLE RETIREMENT OPTION:

Notarized **EMPLOYEE SIGNATURE:** (required)

DATE: (required)

To Be Completed by a Notary Public		
Subscribed and sworn to before me, a Notary Public, in and for the County of _____, State of _____		
Signature of _____ Notary Public _____	Date _____	My Commission Expires _____ NOTARY SEAL

This irrevocable retirement option is accepted by Western Illinois University.

PROVOST'S SIGNATURE (required)

DATE: (required)

11/29/18

Completed Form Distribution by Provost's Office to: Personnel File Benefits File Payroll Office Employee Copy Dean or Supervisor Copy Department Chair (If applicable)
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Return this form to the Provost Office, Sherman Hall, Room 211 for signature and distribution.
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IRREVOCABLE SICK LEAVE PAYMENT PLAN

EMPLOYEE LEGAL NAME: _____

EMPLOYEE WIU ID NUMBER: _____

TERMINATION DATE (M/D/Y): _____

DATE SURS ANNUITY IS TO BEGIN (M/D/Y): _____

An employee who has exercised the irrevocable election to retire option may choose to begin payment for unused sick leave prior to the last month of employment, but no earlier than 24 months from the employee's irrevocable retirement date. The following conditions apply to the irrevocable sick leave payment plan:

- 5. The irrevocable sick leave payment plan is available only upon the submission of this form and must be completed simultaneously with the election to irrevocably retire.
- 6. The irrevocable sick leave payment plan will not be retroactive.
- 7. The irrevocable sick leave payment begins the month and year indicated on this form. Payments will continue each calendar month until retirement from Western Illinois University. Payments will be calculated by using the employee's current rate of pay. The total amount eligible to be paid to the employee for unused paid sick leave will be divided by a period of up to 2 academic years. A new calculation will be made if the employee's salary is changed. The employee's last paycheck from Western Illinois University will include any remaining amount due the employee equal to the amount eligible to be paid for unused paid sick leave.
- 8. Usage of unused paid sick leave during the 2 academic years prior to the irrevocable retirement date may reduce the number of sick leave days available for payment, thereby reducing the total amount eligible to be paid to the employee. Western Illinois University reserves the right to recoup overpayments made to the employee for unused paid sick leave by deducting a corresponding amount from the employee's salary. Unused paid sick leave usage at 100% of your FTE for more than two consecutive weeks will result in a suspension of the early payment schedule. Early payments will resume when documentation is provided from a physician allowing the employee to return to work with no limitations. Unused paid sick leave payments may not be repaid to the University to replace the number of sick days paid.

I ELECT TO BEGIN RECEIVING THE IRREVOCABLE SICK LEAVE PAYMENT FOR UNUSED SICK LEAVE BEGINNING ON THE FOLLOWING PAY DATE:

Pay Date (month/day/year): _____/_____/_____

Notarized **EMPLOYEE SIGNATURE AUTHORIZING IRREVOCABLE SICK LEAVE PAYMENT PLAN** **DATE**

To Be Completed by a Notary Public		
Subscribed and sworn to before me, a Notary Public, in and for the County of _____, State of _____		
Signature of _____ Notary Public _____	Date _____	My Commission Expires _____ NOTARY SEAL

11/29/18

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