

EMPLOYMENT TERMINATION OR SICK LEAVE DATA CORRECTION

SR 0559 (Rev. 07/15)

PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM.			
Member's Name (last, first, initial)		Member's Social Security Number	
Employer Contact Name		Employer Contact Phone Number	
County/District	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Employer Contact Fax Number	
Enter the employment termination or sick leave data as it was previously reported to CalSTRS in the left column, and the correct data in the right column.			
PREVIOUS DATA SUBMITTED VIA: <input type="checkbox"/> SR 0554E <input type="checkbox"/> SB 0554		PREVIOUS DATA	CORRECTED DATA
Last Day of Work, Vacation or Approved Leave (MM/DD/YYYY):		/ /	/ /
Accumulated Unused Sick Leave Days:			
Unused Excess Sick Leave Days:			
Total Sick Leave Days:			
Contract Base Service Days: (cannot be less than 175 days)			
IF EXCESS SICK LEAVE IS CORRECTED, THE PRESENT VALUE MUST BE RECALCULATED. There is a calculation worksheet on the back side of this application.			
<input type="checkbox"/> One-year Final Compensation I certify pursuant to the district bargaining agreement that the present-value payment for one-year final compensation will be made to CalSTRS within 30 days of receiving billing for the member, who has fewer than 25 years of service credit. <input type="checkbox"/> I have attached a written agreement demonstrating the member is eligible for the one-year final compensation. (Attach only relevant pages.) For CalSTRS 2% at 60 members (first hired on or before December 31, 2012; see <i>CalSTRS Member Handbook</i> for other requirements): Only those who have at least 25 years of service credit are eligible for one-year final compensation. Employers cannot provide one-year final compensation to those with fewer than 25 years of service credit in new or existing collective bargaining agreements entered into, extended, renewed or amended on or after January 1, 2014. For CalSTRS 2% at 62 members (first hired on or after January 1, 2013): These members are not eligible for one-year final compensation and employers cannot provide one-year final compensation.			
<input type="checkbox"/> Repeal Certification Having previously certified pursuant to the district bargaining agreement for one year final compensation, I now hereby <i>repeal certification</i> for the above member.			
<input type="checkbox"/> Final Compensation Salary Reduction I certify that because of a reduction in school funds, the member's salary was reduced during the following school year(s) ____/____. The member is eligible to use any three nonconsecutive years for final compensation.			
Employer Certification: County or district superintendent of schools or authorized designee, sign, indicate official title, and date. I understand that Education Code section 22717(c) specifies that the employer must certify unused sick leave that the member was entitled to on the final day of employment within 30 days of the date of retirement. CalSTRS may assess a penalty on delinquent reports. I certify that the above information is true and correct to the best of my knowledge and is in accordance with the California Education Code.			
Signature (Superintendent or Authorized Designee)		Official Title	Date (MM/DD/YYYY)



SR0559

INSTRUCTIONS FOR EMPLOYMENT TERMINATION AND DATA CORRECTION

Please print using a black ink pen or use a typewriter. Do not erase; erasures will not be accepted and will void this form. If you make a mistake, obtain a new form or line through the error. Make your correction and initial and date the correction. Complete all dates using numeric designations; for example, 07/01/2015.

LAST DAY OF WORK, VACATION OR APPROVED LEAVE: Enter the date of the member's last day of work, vacation or approved leave. If the member was on an approved leave or a leave of absence, enter the date of the last actual day of that leave. *This date must be before the member's retirement date.*

ACCUMULATED UNUSED SICK LEAVE DAYS: Enter the number of accumulated unused excess sick leave days the member will have as of the last day of paid employment.
Note: It is illegal for a school district to pay a retiring certificated school employee for accumulated sick leave (California Attorney General Opinion CV 74/201).

UNUSED EXCESS SICK LEAVE DAYS: Enter the number of accumulated unused excess sick leave days the member will have as of the last day of paid employment. Excess sick leave is sick leave granted by the employer after June 30, 1986, that exceeds one day of sick leave per pay period of at least four weeks.

If you are reporting excess sick leave, CalSTRS will send you a bill for the amount due for the unused excess sick leave days reported. A present-value calculation is used to determine the amount due. This applies only if you are reporting used excess sick leave days.

CONTRACT BASE SERVICE DAYS (final year): To determine Contract Base Service Days, subtract the number of school and legal holidays from the Full-Time Equivalent, if they are included in the FTE. The base service days cannot be less than 175 days. FTE is the number of days that a person is required to work in that position for the school year if employed full time.

ONE-YEAR FINAL COMPENSATION: Check this box only if the district has a collective bargaining agreement that authorizes one-year final compensation and the member meets the eligibility requirements. Please attach only the relevant pages of the collective bargaining agreement that demonstrate eligibility.

For CalSTRS 2% at 60 members (first hired on or before December 31, 2012; see *CalSTRS Member Handbook* for other requirements): Only those who have at least 25 years of service credit are eligible for one-year final compensation. Employers cannot provide one-year final compensation to those with fewer than 25 years of service credit in new or existing collective bargaining agreements entered into, extended, renewed or amended on or after January 1, 2014.

For CalSTRS 2% at 62 members (first hired on or after January 1, 2013): These members are not eligible for one-year final compensation and employers cannot provide one-year final compensation.

FINAL COMPENSATION SALARY REDUCTION: Check the box if the member received a reduced salary due to a reduction in school funds and is eligible to use any three nonconsecutive years for his or her final compensation. Indicate the school year in which the reduction occurred.

EMPLOYER CERTIFICATION: Signature of county or district superintendent of schools or authorized designee, title and signature date. Your signature certifies that the information on the form is true and correct.

IF EXCESS SICK LEAVE IS CORRECTED, THE PRESENT VALUE MUST BE RECALCULATED BELOW.

Unused Excess Sick Leave Days	Contract Base Service Days	Prior Year Earnable	Present Value Factor *	Present Value
<input type="text"/>	÷ <input type="text"/>	X <input type="text"/>	X <input type="text"/>	= <input type="text"/>
				Subtract Previous Present Value - <input type="text"/>
TOTAL AMOUNT DUE OR REFUND				= \$ <input type="text"/>
<ul style="list-style-type: none"> If Present Value is greater than the amount previously paid, pay the additional amount to CalSTRS. If Present Value is less than the amount previously paid, CalSTRS will issue a refund. 				

*Refer to the latest Employer Directive on Rate Changes to determine the current Present Value Factor.