

**Greenville County Schools**  
**DISTRICT RETIREMENT BENEFITS FORM**

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Effective Date of Retirement: \_\_\_\_\_

I certify that based on the effective retirement date the employee will have:

\_\_\_\_\_ Years of Service with GCS      \_\_\_\_\_ Accrued Sick Leave Days      \_\_\_\_\_ Banked Vacation Days

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE INITIAL/COMPLETE ONE OF THE FOLLOWING SECTIONS:**

**RETIREES WITHOUT 10 CONSECUTIVE YEARS OF SERVICE WITH THE DISTRICT:**

\_\_\_\_\_ I request SCRS service credit for \_\_\_\_\_ accrued sick leave days (90 day maximum) but do not have 10 years continuous service to qualify for payment in accordance with Policy GBQ (no payment will be made). These days will be removed from your available sick leave balance and may not be reinstated. Any remaining balance will be reduced by one-half.

**RETIREES WITH 10 CONSECUTIVE YEARS OF SERVICE WITH THE DISTRICT:**

\_\_\_\_\_ I request SCRS service credit and **payment** for **all** unused, accrued sick leave days in accordance with Policy GBQ and banked vacation in accordance with Policy GBRK, as applicable. The sick leave days will be removed from your available sick leave balance and may not be reinstated.

**OR**

\_\_\_\_\_ I request SCRS service credit and payment for \_\_\_\_\_ unused, accrued sick leave days and wish to keep the balance of unused, accrued sick leave days in accordance with Policy GBQ and banked vacation in accordance with Policy GBRK as applicable. The sick leave days paid will be removed from your available balance; the remaining days you wish to keep will be reduced by one-half. Days removed from an accrued balance may not be reinstated in accordance with Policy GBQ.

**TERI RETIREES:**

**Beginning TERI:**

\_\_\_\_\_ I request **SCRS service credit and payment** for the specified amount of accrued sick leave days \_\_\_\_\_ (90 day maximum) in accordance with Policy GBQ. The balance of your accrued sick leave days will be paid when you leave TERI employment. These days will be removed from your available balance and may not be reinstated. **You must have 10 consecutive years of service to qualify for payment.**

**Ending TERI:**

\_\_\_\_\_ I request **payment** for **all** unused, accrued sick leave days in accordance with Policy GBQ and banked vacation in accordance with Policy GBRK as applicable. The sick leave days will be removed from your available sick leave balance and may not be reinstated.

**OR**

\_\_\_\_\_ I request **payment** for \_\_\_\_\_ unused, accrued sick leave days and wish to keep the balance of unused, accrued sick leave days in accordance with Policy GBQ and banked vacation in accordance with Policy GBRK as applicable. The sick leave days paid will be removed from your available balance; the remaining days you wish to keep will be reduced by one-half. Days removed from an accrued balance may not be reinstated in accordance with Policy GBQ.

Signature of Employee \_\_\_\_\_

The department/school should complete the information and send the original, completed form to Payroll prior to the effective date of retirement.

**Payment Authorized by Payroll & Insurance Services:**

\_\_\_\_\_ Date \_\_\_\_\_