# CERTIFICATION CREDIT OF ANNUAL LEAVE AND/OR SICK LEAVE

Please send this completed form to:

**ERS**
**Customer Benefits**
**P.O. Box 13207**
**Austin, Texas 78711-3207**

**(877) 275-4377 Toll-free**

**Information provided to the Employees Retirement System of Texas (ERS) is maintained for administration of benefits. If you have questions, or believe that information provided to ERS may be incorrect, please notify ERS.**

## CERTIFICATION INSTRUCTIONS

Check One:

☐ Manual reporting agency.
☐ Correction to previously reported balance.
☐ Requested by ERS.

Complete this form and check the appropriate box

1. A member must be on active state payroll during the month of retirement or death to receive credit for annual and/or sick leave in order to satisfy service requirements for:
   - eligibility for retirement;
   - eligibility for death benefit plan; or
   - to increase retirement annuity.
2. The reporting agency personnel must certify the projected amount of annual and/or sick leave through the retirement date. Certification may not be made more then 90 days prior to the member's effective retirement date. Sick leave does not include credit granted under an agency sick leave pool or as extended sick leave.
3. If a member needs leave to meet eligibility requirements, sufficient leave must be available on the retirement date or date of death. If sufficient leave is not available ERS will cancel all benefits.

**NOTE:** The reporting agency personnel must notify ERS immediately when any change in the reported annual leave and/or sick leave hours will affect the months of credit. Complete this form and check the **Correction to previously reported balance** box above.

## CERTIFICATION CREDIT OF ANNUAL LEAVE AND/OR SICK LEAVE

| Member Name | Last 4 digits of SSN |
|---|---|
| | XXX-XX- |
| **Last Day on Active Payroll or Date of Death** | **Retirement Date** |
| | |
| **Annual Leave Balance as of Retirement Date or Date of Death** | **Sick Leave Balance as of Retirement Date or Date of Death** |
| | |

I hereby affirm that I am the individual authorized to certify annual and/or sick leave credit and that all statements provided above are true and correct to the best of my knowledge. I understand that any discrepancies may invalidate this document and have an adverse effect on benefits to the member.

| Signature of Agency Official | Date Signed | Phone Number |
|---|---|---|
| Printed Name of Agency Official | Title | Agency # |