



**PUYALLUP SCHOOL DISTRICT  
APPLICATION FOR ANNUAL BUYOUT OF ACCUMULATED SICK LEAVE**

By completing this form, you are electing to receive payment for your unused sick leave accumulation for the **2021** calendar year on a 25 percent basis. Complete this form, filling in all blanks and be sure to sign. **Return the form to the Payroll Department on or before January 31, 2022.** You can expect payment on the February payroll.

In accordance with RCW 28A.400.210 and WAC 392-136-015, I elect to convert all unused sick leave **accumulated** during the **2021** calendar year to monetary compensation at the rate of 25 percent of my current full time per diem rate of compensation. *Sick leave accumulations with an excess of 180 days may be lost if the employee fails to exercise the buyout provision.*

**I understand that this payment will not be included as earned compensation for any public retirement systems.**

**I understand that a sick leave conversion to cash will be fully taxed, except for those employees who qualify for and are in a bargaining unit that has voted in VEBA for annual sick leave buyout.**

**I understand that all sick leave days converted for this buyout will be deducted from my current accumulated sick leave balance.**

**I certify that I have an excess of 60 days accumulated sick leave at the end of the **2021** calendar year.**

E \_\_\_\_\_  
EMPLOYEE IDENTIFICATION NUMBER

\_\_\_\_\_  
SCHOOL/DEPARTMENT

\_\_\_\_\_  
BARG GROUP/DEPT.

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
EMPLOYEE NAME (PLEASE PRINT)

\_\_\_\_\_  
EMPLOYEE SIGNATURE

**RETURN COMPLETED FORM TO THE PAYROLL DEPARTMENT, BLDG. 109 OR BY  
EMAIL TO [RETIREMENT@PUYALLUP.K12.WA.US](mailto:RETIREMENT@PUYALLUP.K12.WA.US)**