



STATE OF ARIZONA

RETIREE ACCUMULATED SICK LEAVE (RASL) PROGRAM

APPLICATION AND CERTIFICATION FORM

- Original Request
 Change of Information

(Refer to Instructions)

(A.R.S §§ 38-615 and 38-616, and the State of Arizona Accounting Manual section II-R.)

| | | | | |
|---|--------------------------------------|---|---|-----------------------------|
| RETIREE SECTION | | | | |
| <i>BOTH THE RETIREE AND EMPLOYER SECTIONS MUST BE COMPLETED BEFORE SUBMISSION TO THE GAO.</i> | | | | |
| SOCIAL SECURITY # | RETIREE LAST NAME | FIRST | MI | RETIREE PHONE NUMBER |
| RETIREE MAILING ADDRESS | | CITY | STATE | ZIP CODE |
| RETIREMENT SYSTEM <input type="checkbox"/> ASRS <input type="checkbox"/> CORP <input type="checkbox"/> ORP <input type="checkbox"/> PSPRS | RETIREMENT DATE (MM/DD/YY) | RETIREE GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female | RETIREE BIRTH DATE (MM/DD/YY) | EIN |
| <input type="checkbox"/> DEFERRED COMPENSATION – By checking this box, I elect to defer a portion of my first RASL payment. I understand that it is my responsibility (1) to enroll in Deferred Compensation prior to separation and (2) to ensure that the RASL Deferral Notification Form is received by the state-sponsored deferred compensation provider no later than the last day of the month before the month of my first anticipated RASL payment. | | | | |
| DISBURSEMENTS – Payment will be processed and mailed as a warrant. If you prefer to receive payment as a direct deposit, please complete the following. <i>(Direct Deposit option is not available for retirees who return to work for a State agency).</i> <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings Attach a “VOID” check or letter from your financial institution with your account information. | | | | |
| WITHHOLDINGS (Check ONE of the following) (Note: University retirees must provide a newly signed W-4 & A-4.) <input type="checkbox"/> I choose to maintain my current tax withholdings on ADOA HRIS (Must currently be paid through the ADOA HRIS system.) <input type="checkbox"/> I have attached a newly signed W-4 & A-4 indicating the desired Federal and State tax withholdings. | | | | |
| NAME OF BENEFICIARY (Only ONE Beneficiary, or indicate No Beneficiary if none) | | | BENEFICIARY PHONE NUMBER | |
| BENEFICIARY ADDRESS | | CITY | STATE | ZIP CODE |
| RETIREE CERTIFICATION: I certify that I retired from an authorized State retirement system on the retirement date specified above; that the information on this form is correct, to the best of my knowledge; and that I qualify for participation in the Retiree Accumulated Sick Leave Program. I acknowledge that under the RASL program accumulated sick leave hours are capped at 1,500; all accumulated sick leave hours, including the hours exceeding the 1,500 cap, are forfeited and unavailable for any purpose; the total value received under this program cannot exceed \$30,000; the disbursements and information will be sent to the above address; any excess disbursement may be offset against future payments; and any applicable changes are not effective unless communicated and certified to the Arizona Department of Administration (ADOA) General Accounting Office (GAO). I understand that I must retire from an authorized State of Arizona retirement system, and that my retirement must be effective immediately (within 14 calendar days) following separation from State service. | | | | |
| RETIREE OR LEGAL REPRESENTATIVE SIGNATURE: _____ DATE: _____ <div style="text-align: center;">(Invalid if not signed)</div> | | | | |
| Upon completion of this section, please have the agency from which you are retiring complete the employer verification section below. | | | | |

| | | | | |
|---|------------------------------------|--|---|---------------------------------------|
| EMPLOYER SECTION | | | | |
| AGY | AGENCY NAME | | | DATE / / |
| AGENCY CONTACT NAME | | | AGENCY CONTACT TELEPHONE NUMBER () - | |
| LAST DAY EMPLOYED / / | PAID OFF OTHER LEAVE / / | SICK LEAVE BALANCE (Hours) UPON SEPARATION . | HOURLY RATE AT SEPARATION DATE \$. | YTD FICA TAXABLE WAGES \$. |
| EMPLOYER CERTIFICATION: I certify, to the best of my knowledge, that the sick leave balance, hourly rate, and other information shown above for this retiree is correct and a valid claim against the State, and that supporting documentation is attached for verification. Do not complete this section until after the employee has retired and final payment for all wages and accrued leave has been made. | | | | |
| EMPLOYER SIGNATURE: _____ | | | DATE: _____ | |
| (Invalid if not signed) | | | | |

BOTH THE RETIREE AND THE EMPLOYER SECTIONS OF GAO-SL-50, INCLUDING SUPPORTING DOCUMENTATION AND THE CHECKLIST, MUST BE COMPLETED BEFORE SUBMISSION TO THE GAO.

INSTRUCTIONS FOR GAO-SL-50 RASL PROGRAM APPLICATION AND CERTIFICATION FORM

(Please refer to the State of Arizona Accounting Manual section II-R and A.R.S.§§ 38-615 and 38-616 for complete program requirements.)

Procedure: This form is to be used by a retiree to apply for his or her Retiree Accumulated Sick Leave (RASL) benefit. The retiree must participate in one of the authorized state retirement systems and have 500 or more hours in accumulated sick leave. This form should not be signed by the agency or submitted to the General Accounting Office (GAO) before the date on which the retiree separates from state service. **(The retiree must have an effective retirement date on file with an authorized State retirement system that is immediately following the date of his or her separation from State employment (within 14 calendar days of the last date of service) to be eligible for the RASL Program.)** The retiree has a maximum of one hundred eighty (180) calendar days following the effective retirement date to ensure that a completed Form GAO-SL-50 is received by the GAO. However, if the retiree elects to roll any portion of the first annual installment into a deferred compensation account, the retiree has a maximum of thirty (30) calendar days following the separation date to ensure that a completed Form GAO-SL-50 is received by the GAO. The responsibility for claiming the RASL benefit, and for ensuring timely receipt of all documents by the GAO, rests totally and exclusively with the retiree (or his or her legal representative).

The retiree must complete the top portion of this form. Next, the State agency that employed the retiree at the time of retirement will complete the bottom portion of this form upon request from the retiree. The completed form, with all backup documentation, must then be submitted to the Arizona Department of Administration (ADOA) GAO before any benefit may be received. The following instructions and information will assist in filling out this form. All communications should be directed to the Retiree Accumulated Sick Leave Program, General Accounting Office, 100 N. 15th Avenue, Suite 302, Phoenix, AZ 85007, (602) 542-6222 or (602) 542-5699.

Check the appropriate box at the top of the form indicating whether this is an original request or a change of information.

Top portion of the form (To be completed and certified by the retiree).

1. **SOCIAL SECURITY NUMBER** - The social security number of the retiree.
2. **RETIREE NAME** - The last name, first name, and middle initial of the retiree.
3. **RETIREE PHONE NUMBER** - The phone number at which the retiree may be contacted by the GAO pertaining to the RASL Program. If there is a need to change the number for any reason, please notify the GAO.
4. **RETIREE MAILING ADDRESS** - This is the current address of the retiree for all RASL Program communications and benefit disbursements. If there is a need to change the address for any reason, please notify the GAO.
5. **RETIREMENT SYSTEM** - Check the authorized State retirement system that the retiree has participated in and has filed for retirement. (ASRS, CORP, ORP, or PSPRS)
6. **RETIREMENT DATE** - The date of retirement the retiree has established with an authorized State retirement system (date to be confirmed independently with the applicable retirement system).
7. **RETIREE BIRTH DATE** - The date of birth of the retiree (for administrative purposes only).
8. **RETIREE GENDER** - Check male or female (for administrative purposes only).
EIN - ADOA HRIS (Human Resources Information Solution) employee identification number (University retirees leave blank).
9. **DEFERRED COMPENSATION ELECTION** - Checking this box indicates the retiree's intention to use deferred compensation for the first installment, and acknowledges that it is the retiree's responsibility to BOTH enroll in Deferred Compensation before separation, AND to ensure that the RASL Deferral Notification Form is delivered directly to the state-sponsored deferred compensation provider no later than the last day of the month before the month of the first anticipated RASL payment.
10. **DISBURSEMENTS** - Check a box if you wish to use direct deposit. If no boxes are checked, payments will be processed and mailed as warrants via US mail. Direct deposit requires that a VOID check or a letter from your financial institution be attached to this form. Payments will be issued in annual installments not to exceed three (3) years. The first installment is typically made within one month after the receipt and verification of this form by the GAO. The second and third installments will be processed approximately one and two years, respectively, from the date of the first installment. If the retiree wishes to use deferred compensation for the first installment, please check the box referred to in #10.
11. **WITHHOLDINGS** - The first option (not available to university retirees) is to maintain the most recent tax withholdings as established on the HRIS. The second option is to attach the applicable completed tax withholding forms (W-4 for Federal Taxes and A-4 for State of Arizona Taxes).
12. **NAME, PHONE AND ADDRESS OF THE BENEFICIARY** - This is the beneficiary of the retiree's accumulated sick leave benefit. This beneficiary may be different from the claimed beneficiaries with other state programs. If there is a change of beneficiary, address, or phone number, please notify the GAO. If no beneficiary, please indicate by inserting "No Beneficiary" in the space provided.
13. **RETIREE OR LEGAL REPRESENTATIVE SIGNATURE** - The signature of the retiree or legal representative certifying that the retiree or legal representative has read the certification, and that the information on this form is correct. If there is no signature by the retiree or legal representative the form is invalid and will not be processed.

Bottom portion of the form (To be completed and certified by the agency; retiree must be in **R2, T2** or **U2** status **before** form is submitted to GAO)

1. **AGY** - Record the two-letter agency code.
2. **AGENCY NAME** - Record the full name of the agency.
3. **DATE** - Record the date the form was filled out (today's date).
4. **AGENCY CONTACT NAME** - The name of the agency employee responsible for coordinating the RASL Program.
5. **AGENCY TELEPHONE NUMBER** - The telephone number for the agency contact.
6. **LAST DAY EMPLOYED** - The last day the retiree was employed with the agency. Attach documentation to verify separation date.
7. **PAID OFF OTHER LEAVE** - The date all other leave was paid off by the agency.
8. **SICK LEAVE BALANCE (Hours) UPON SEPARATION** - The final number of accumulated sick leave hours the retiree has recorded on the HRIS (or official payroll system) as of his or her separation date. Attach documentation to verify sick leave balance.
9. **HOURLY RATE AT SEPARATION DATE** - The hourly rate that the retiree was earning at separation based generally upon 2,080 hours per year. This rate is used to compute base salary in the HRIS. Verify rate to four decimals. This hourly rate should not include the 2.5% performance pay. Attach documents to verify hourly rate.
10. **YTD FICA TAXABLE WAGES** - The final year-to-date FICA taxable wages in the current calendar year. Attach documentation to verify amount.
11. **EMPLOYER SIGNATURE** - The signature of an individual with authority to sign for the RASL Program for the agency.