

# RETIREE ACCUMULATED SICK LEAVE PROGRAM

## CHECKLIST TO ACCOMPANY FORM GAO-SL-50 For University Employees

Retiree Section of GAO-SL-50	University Section of GAO-SL-50
<p><input type="checkbox"/> Social Security Number, Retiree Name, Phone Number, Mailing Address, Birth Date, and Gender fields have been completed.</p> <p><input type="checkbox"/> Retirement system selected.</p> <p><input type="checkbox"/> Retirement Date: _____ / _____ / _____</p> <p><input type="checkbox"/> If applicable, Direct Deposit selected. Attach VOID check or letter from financial institution.</p> <p><input type="checkbox"/> If applicable, date RASL Deferral Notification Form was delivered directly to the state-sponsored deferred compensation provider:  _____ / _____ / _____</p> <p><i>Form must be RECEIVED by the state-sponsored deferred compensation provider no later than the last day of the month prior to the anticipated month of the first RASL payment.</i></p> <p><input type="checkbox"/> If applicable, enrolled with the state-sponsored deferred compensation provider prior to separation date.</p> <p><input type="checkbox"/> Tax withholdings: Attached W-4 and A-4. (Exempt withholdings require a W-4 form to be submitted each calendar year.)</p> <p><input type="checkbox"/> Completed beneficiary information or wrote "NO BENEFICIARY".</p> <p><input type="checkbox"/> Retiree signature: Form is invalid if not signed.</p> <p><input type="checkbox"/> Submitted Form GAO-SL-50 to University Human Resources / Payroll on:  _____ / _____ / _____</p> <p style="text-align: center; margin-top: 20px;">_____ Retiree Signature and Date</p>	<p><input type="checkbox"/> Verify retiree section is accurate and complete.</p> <p><input type="checkbox"/> ORP retirees: Attach letter confirming retirement date.</p> <p><input type="checkbox"/> Last Day Employed: Attach documentation to verify termination date.</p> <p><input type="checkbox"/> Paid Off Other Leave: Complete after final payment for all wages and accrued leave has been made.</p> <p><input type="checkbox"/> Sick Leave Balance: Attach documentation to verify sick leave balance.</p> <p><input type="checkbox"/> Hourly Rate at Separation: Attach documentation to verify hourly rate of pay to four decimals (\$xx.xxxx)</p> <p><input type="checkbox"/> YTD FICA Taxable Wages: Attach documentation to verify amount.</p> <p><input type="checkbox"/> Employer Signature: Form is invalid if not signed.</p> <p style="text-align: center; margin-top: 20px;">_____ University Signature and Date</p>