

University of Kentucky Temporary Disability Leave/Retirement Conversion Form

FOR EMPLOYEES WITH A MINIMUM OF 66 TEMPORARY DISABILITY LEAVE DAYS AT RETIREMENT

Nam	ne SSN/SAP ID
Dept	. # Dept. Name
Check ap	propriate boxes and enter salary information:
Payroll ar	ea:
□ BW Basic Hou	□ MO urly Rate \$ Basic Hourly Rate \$
lf BW, scł	neduled work week:
	= 40 hrs by the second state of the sec
for assista	ance Retirement Date:
Tempora	ry Disability Leave (TDL) Total in Hours:
I. <u>Converting TDL hours to Full Pay Policy.</u> (HR Policy and Procedure 87.1.b) Up to 22 days of the TDL balance may be converted to full pay. The maximum amounts to be converted are: 165 hours for 37.5 hr work week and 176 hours for 40 hr work week.	
	Enter the number of Leave hours to be converted Multiply hours entered in (a) above times basic hourly rate \$
	ting balance of TDL hours to normal retirement contribution percentage R Policy and Procedure 87.1.a)
(a)	Subtract hours entered in I (a) above from the total leave amount
(b)	 Multiply basic hourly rate times the appropriate employer contribution retirement percentage (10%) \$
(c)	Multiply hours in II (a) above times the adjusted hourly rate in II (b)

above\$_____.

III. <u>Utilization of Section II Balance for Service and/or Age Requirements.</u> (HR Policy and Procedure 87.1.a)

The Section II balance may be used when necessary to qualify for retirement in the following cases:

- (a) Supplement service and/or age in order to qualify for regular early retirement
- (b) Supplement service and/or age in order to qualify for application for incentive early retirement.
- (c) Supplement service on or after normal retirement age in order to qualify for an employer contribution toward the cost of the health plan.
- (d) Supplement service on or after normal retirement age in order to qualify to remain in the employer health plan at full cost.

If the employee needs to use TDL hours in any of these cases, the employee should contact a Retirement Officer in the Employee Benefits Office.

Summary of Form Calculations

Section I amount \$_____.

Section II amount \$_____.

If TDL hours are to be used to supplement age and or service, a copy of this form must be attached to the Recommendation for Retirement Form. Contact the Employee Benefits Office for assistance if you wish to contribute all or part of the payment to your retirement plan.

Employee Signature

This form prepared and is attested to for accuracy by:

AUTHORIZED DEPARTMENT REPRESENTATIVE SIGNATURE

Form 87.4.2