## University of Kentucky Temporary Disability Leave/Retirement Conversion Form FOR EMPLOYEES WITH A MINIMUM OF 66 TEMPORARY DISABILITY LEAVE DAYS AT RETIREMENT

Name	SSN/SAP ID
Dept. #	Dept. Name
Check approp	riate boxes and enter salary information:
Payroll area:  BW Basic Hourly	□ MO Rate \$ Basic Hourly Rate \$
□ 37.5 hrs	alled work week:  □ 40 hrs  week is other than 37.5 or 40 hrs, contact Employee Benefits Office for assistance
Retirement Da	nte:
Temporary Di	sability Leave (TDL) Total in Hours:
(HR Policy an Up to 22 days to be converted)	TDL hours to Full Pay Policy. d Procedure 87.1.b) of the TDL balance may be converted to full pay. The maximum amounts d are: 165 hours for 37.5 hr work week and 176 hours for 40 hr work week.  ter the number of Leave hours to be converted ultiply hours entered in (a) above times basic hourly rate \$
	balance of TDL hours to normal retirement contribution percentage (10%). d Procedure 87.1.a)
(b) Mi	btract hours entered in I (a) above from the total leave amount  ultiply basic hourly rate times the appropriate employer contribution irement percentage (10%) \$  ultiply 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 \$	·
1.1	age and or service, a copy of this form must be ement Form. Contact the Employee Benefits oute all or part of the payment to your
Employee Signature	This form prepared and is attested to for accuracy by: