Teachers' Retirement System of Oklahoma
P.O. Box 53524
Oklahoma City, OK 73152-3524
TRS Member Services: 877-738-6365 (toll-free)
or 405-521-2387 (OKC)
Fax: 405-522-1534

VERIFICATION OF UNUSED SICK LEAVE

A school board or governing board of a public school shall not automatically grant an employee additional days of sick leave for retirement purposes.

THIS FORM MUST BE COMPLETED BY A SCHOOL OFFICIAL OR LEAVE OFFICER

I. MEMBER INFORMATION

Member's Name _____ Social Security Number _____-___-_____

Address _____

City, State, Zip Code _____

Email Address _____

Position Title _____ ☐ Classified ☐ Unclassified

Date of Hire _____

II. SICK LEAVE VERIFICATON

Your School's or Employer's Policy:

_____ Number of Sick Leave Days granted per year

Accrued Sick Leave Verified: Days/Hours

From: _____ Through: _____ _____/_____

Transferred from: _____ _____/_____
(Name of School/Employer)

TOTAL _____/_____

THE MEMBER'S SICK LEAVE RECORDS MUST ACCOMPANY THIS FORM

I hereby certify under penalty of perjury that the above-named individual worked as noted above.

_____ _____
Signature of School Official Name of School/Institution

_____ _____
Print Name and Title of School Official Address

_____ _____
Date City, State, Zip Code