



DPF-279

APPLICATION FOR

Lump Sum Supplemental Compensation for Earned and Unused Sick Leave for Retirees

INSTRUCTIONS: Before completing this form, see NJAC4A:6-3.(1 through 4) concerning SCOR.

1. NAME OF EMPLOYEE (Print or Type)
2. DEPARTMENT OR AGENCY
3. SIGNATURE OF EMPLOYEE
4. SOCIAL SECURITY NUMBER
5. PRESENT MAILING ADDRESS (Street, City, State, Zip Code)
6. EMPLOYEE'S TITLE AT RETIREMENT
7. Salary at time of retirement:
8. Effective date of Retirement:
9. Name of Employee's Pension System: PERS PFRS TPAF OTHER:
10. DATES OF EMPLOYMENT

Table with 3 columns: TITLE, PERIOD (Day, Month, Year), and Number of Payroll Days X Daily Rate = Amount. Includes a total compensation row.

12. AVERAGE DAILY RATE DURING LAST FULL YEAR OF EMPLOYMENT:
13. UNUSED SICK LEAVE (When converting hours to days, round out figures to nearest quarter of day)
14. AMOUNT

15. Sick leave information for UNCLASSIFIED service or any periods served in unclassified service. Please attach sick leave time records for last 5 years of unclassified service.

16. I CERTIFY that all statements on this application are true and correct to the best of my knowledge and belief under penalty of perjury.

17. APPROVAL: Civil Service Commission
Signature Date
Submit completed form along with pension approval letter to
Civil Service Commission Compensation/SCOR Unit