



TRANSFER OF UNUSED SICK LEAVE VERIFICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53404 (Rev. 07-2010)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION	
Member Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
PART B MEMBER AUTHORIZATION	
<p>I authorize the exchange of unused sick leave information between my Former Employer, New Employer, and the North Dakota Public Employees Retirement System.</p> <p>I understand that a completed "Transfer of Unused Sick Leave Verification SFN 53404" MUST be on file at NDPERS within 60 days from the date I leave employment with my former employer.</p> <p>I understand that upon my termination of employment, I will have the opportunity to convert my unused sick leave to service credit according the North Dakota Administrative Code Chapter 71-02-03-06.</p>	
_____	_____
Member's Signature	Date of Signature
PART C FORMER EMPLOYER VERIFICATION	
Organization Name	NDPERS Organization ID
Total number of hours of unused sick leave at time of employment transfer: _____	
Signature of Authorized Agent	Date of Signature
PART D NEW EMPLOYER VERIFICATION	
Organization Name	NDPERS Organization ID
Total number of hours of unused sick leave <u>accepted:</u>	Total number of hours of unused sick leave <u>rejected:</u>
Signature of Authorized Agent	Date of Signature

INSTRUCTIONS

PART A - MEMBER INFORMATION

For member identification, please provide all requested information.

PART B – MEMBER AUTHORIZATION

Member must read authorization, provide signature and date. This will authorize the information to be exchanged between employers and NDPERS. Once signed, member should forward the form to their former employer for completion.

PART C – FORMER EMPLOYER VERIFICATION

Member's former employer must complete all information requested in Part C for the section to be valid. Once completed, former employer should forward the form to the new employer for completion.

PART D – NEW EMPLOYER VERIFICATION

Member's new employer must complete all information requested in Part D for the section to be valid. Once sections A-D are completed, the form should be forwarded to NDPERS for processing.