



OKLAHOMA TEACHERS RETIREMENT SYSTEM

Form 82 - VERIFICATION OF UNUSED SICK LEAVE

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

THIS FORM MUST BE COMPLETED BY SCHOOL OFFICIAL OR LEAVE OFFICER

Client's Name _____

Address _____

City, State, Zip _____

POSITION TITLE _____

Classified Unclassified

Date of Hire _____

Social Security Number _____ - _____ - _____

Date of Termination _____

(Enter before forwarding)

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 CLIENT'S SICK LEAVE RECORDS MUST ACCOMPANY THIS FORM

I hereby certify under penalty of perjury that the above named individual worked as stated

Typed Name and Signature of School Official

Name of School/Institution

Title

Address

Date

City, State, Zip