**53404-****{stdMbrPERSLinkID}**



**TRANSFER OF UNUSED SICK LEAVE VERIFICATION**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53404 (Rev. 01-2014)

**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)  {stdMbrFullNameLFM} | | | NDPERS Member ID  {stdMbrPERSLinkID} |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | | | Date of Birth {stdMbrDateOfBirth} |
| **PART B MEMBER AUTHORIZATION** | | | |
| I authorize the exchange of unused sick leave information between my Former Employer, New Employer, and the North Dakota Public Employees Retirement System.  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.  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.  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: | | Hours | |
| 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 **accepted**: | Total number of hours of unused sick leave **rejected:** | | |
| Signature of Authorized Agent | | Date of Signature | |



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**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.