

## Forfeiture of Payable Sick Leave

I hereby elect to forgo payment for \_\_\_\_\_ hours of unused accumulative sick leave and designate that those hours be used to acquire additional service credit in the State Universities Retirement System. I authorize Payroll to make any necessary adjustments to the above amount in order to maintain a balance of \_\_\_\_\_ hours of unpaid sick leave.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date