

## State of West Virginia

### APPLICATION FOR PAYMENT OF UNUSED SICK LEAVE & REIMBURSEMENT AGREEMENT

*If you are an eligible State employee who has accumulated at least sixty-five days of unused sick leave, you may request payment for your unused sick leave at a rate equal to one quarter of your usual rate of daily pay during that calendar year. To see if you are eligible, please review **West Virginia Code, §5-5-6 and Procedural Rules, 148-CSR-21** prior to completing this application to assure your application request meets all requirements.*

**Please forward your completed Application & Agreement to the Head of the Spending Unit for which you are employed**

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

**To be completed by the employee requesting payment for unused sick days**

**Employee Name, Address & Phone Number**

**Current Position**

**Employer- Spending Unit Address & Phone Number**

**Agency Head**

**Date you began employment with the State** \_\_\_\_\_

**Years of Service** \_\_\_\_\_

**Total number of accumulated sick days** \_\_\_\_\_

**Number of sick days for which you seek payment** \_\_\_\_\_  
*(You must maintain 50 sick leave days in your leave balance)*

**Number of sick days remaining following compensation** \_\_\_\_\_

My signature below verifies that I have provided accurate and complete information and that I wish to be compensated for the number of unused sick days specified above. I am aware that I will be required to reimburse the State for the funds received plus 12% interest per annum if I terminate my employment within 60 months from the date of receipt of funds.

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

\_\_\_\_\_  
Date

**To be completed by the Spending Unit Head or Payroll Clerk**

<b>Employee's EPICS Number</b>	<b>Employee's Annual Salary</b>	<b>Employee's Current Daily Rate of Pay</b>
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**Please identify all sources of funding from which the employee's salary is currently paid** (FIMS Financial Code Required- Fund, Org, Activity, FTE)

**Recommendation of Authorized Agency/Spending Unit Representative**

- The employee's request meets all requirements and the sick days requested are available. The employee will continue to have at least fifty (50) sick days remaining after he/she has been compensated as requested.
  
- The employee's request should be disapproved  
Reason for disapproval \_\_\_\_\_
  
- The employee's request should be modified  
Modification recommended \_\_\_\_\_

Authorized Agency Representative	Title	Date
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**Certification by Head of Spending Unit**

I have reviewed the "Application for Payment of Unused Sick Leave and Reimbursement Agreement" and hereby certify that the employee is eligible as required by law and that he/she has accumulated the number of sick days for which he/she seeks compensation. If the Application & Agreement is approved by the Cabinet Secretary for the Department of Administration, and the employee is compensated for the sick days requested, the employee will continue to have no less than the required fifty (50) sick days available in his/her leave balance. I understand that my Spending Unit will transfer funds to the State Employee Sick Leave Fund to cover the total cost of this compensation, if the employee is paid from a funding source other than general revenue. This transfer will be made from the WFIMS funds from which the employee's salary is actually budgeted.

Employee Name	Number of sick days to be compensated for	Total amount to be paid to employee
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Head of Spending Unit Signature	Title
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Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**To be completed by the Employee accepting compensation for unused sick days**

I hereby agree to accept \_\_\_\_\_ as compensation for \_\_\_\_\_ of unused sick days. I understand that this amount is a rate equal to one quarter of my usual rate of daily pay as set forth in WV Code §5-5-6. I understand that I will not be permitted to reacquire any sick days for which I have received compensation. I also understand that I must reimburse the State Employee Sick Leave Fund the amount of the funds received plus 12% per annum if I separate from employment within 60 months (5 years) from receipt of funds. I also understand that death or retirement would not be considered a separation from employment. In the event of separation from employment, I agree that said amount will continue to be an obligation until such time that the full amount plus interest has been reimbursed. I agree that the State shall pursue collection of the obligation, either by itself, or by contracting with a collection agency. I fully understand that the method of collection may include, but not be limited to: withholding funds from my State paycheck; withholding of State income tax refunds; garnishment of employment wages; and attachment of a bank account.

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

\_\_\_\_\_  
Date

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

**To be completed by Cabinet Secretary**

**Approval by Cabinet Secretary of the Department of Administration**

I hereby approve the "Application for Payment of Unused Sick Leave & Reimbursement Agreement" which has been certified by the Head of the Spending Unit for which the employee works to meet all the requirements of law.

Said employee has agreed to reimburse the State for the funds received plus 12% annum if he/she leaves employment prior to sixty (60) months from the date of receipt of the funds.

Please process the Application & Agreement and provide the employee compensation for the unused sick days certified above by the Head of the Spending Unit pursuant to West Virginia Code §5-5-6.

\_\_\_\_\_  
Cabinet Secretary for the  
Department of Administration

\_\_\_\_\_  
Date

**Completed application and tax forms should be mailed to:**

Donna Lipscomb  
1900 Kanawha Boulevard, East  
Building 1, Room E-119  
Charleston, WV 25305