



Leave Disposition Authorization

I hereby authorize disposition of my accrued unused annual and sick leave balance upon my separation from County service on _____ as indicated below:

Employee Name _____ Employee ID Number _____

Pension Plan _____ Department _____

Cash Payment (in accordance with enacted legislation)

Type of Leave	Number of Hours
<input type="checkbox"/> Old Annual Leave	_____
<input type="checkbox"/> Old Sick Leave	_____
<input type="checkbox"/> New Annual Leave	_____
<input type="checkbox"/> New Sick Leave	_____

If you are under the age of 50 at the time you receive these funds, you may have to pay extra tax equal to 10% of the taxable portion in addition to the tax withheld at the time of payment.

Rollover (in accordance with enacted legislation) **Name of Financial Institution** _____

Type of Leave	Number of Hours
<input type="checkbox"/> Old Annual Leave	_____
<input type="checkbox"/> Old Sick Leave	_____
<input type="checkbox"/> New Annual Leave	_____
<input type="checkbox"/> New Sick Leave	_____

A separate fund transfer application must be completed and certified by the accepting financial institution.

Convert for Retirement Credit (in accordance with enacted legislation)

Type of Leave	Number of Hours
<input type="checkbox"/> Old Annual Leave	_____
<input type="checkbox"/> Old Sick Leave	_____
<input type="checkbox"/> New Annual Leave	_____
<input type="checkbox"/> New Sick Leave	_____

For Civilians: Only sick leave can be applied to the Maryland State Pension Plan for additional pension credit.

Retain balance on leave record *(in accordance with enacted legislation)*

Type of Leave	Number of Hours
<input type="checkbox"/> Old Annual Leave	_____
<input type="checkbox"/> Old Sick Leave	_____
<input type="checkbox"/> New Annual Leave	_____
<input type="checkbox"/> New Sick Leave	_____

Retain balance on leave record (unused sick leave will be forfeited if there is no return to County employment within the time frame delineated in the Personnel Law, Section 16-221.02.

Donate

A leave donation form must be completed prior to separation date.

I understand that this authorization becomes irrevocable ten (10) working days after my effective separation date. Also, by selecting either the cash payment or the retirement credit, my sick leave account will reflect a zero balance as of my separation date.

Signature _____

Date _____