

State of Arizona
Arizona Department of Administration
General Accounting Office

APPLICATION AND CERTIFICATION FORM
Retiree Accumulated Sick Leave (RASL) Program

Pursuant to the State of Arizona Accounting Manual 5575 and A.R.S. § 38-615 and § 38-616

RASL Website: gao.az.gov/payroll/rasl Original Request Change of Information I have participated in RASL before

RETIREE SECTION

SOCIAL SECURITY #	LAST NAME	FIRST NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE
MAILING ADDRESS (Can be updated anytime via HRSystems.azdoa.gov)		CITY	STATE	ZIP CODE
RETIREMENT SYSTEM <input type="checkbox"/> ASRS <input type="checkbox"/> CORP <input type="checkbox"/> ORP <input type="checkbox"/> PSPRS <input type="checkbox"/> FED, NRS DC, NRS Annuity	RETIREMENT DATE (not separation date)	PHONE NUMBER	PERSONAL EMAIL ADDRESS (for RASL correspondence)	HRIS/YES EIN (University leave blank)

DEFERRED COMPENSATION: I WANT DO NOT WANT to defer a portion of my first RASL payment. To defer, I understand I must:
1) Enroll in Deferred Compensation directly with the state-sponsored deferred compensation provider prior to separation from employment; and
2) Email the **RASL Deferral Notification Form** directly to the state-sponsored deferred compensation provider; and **3)** If retiring after Sept. 1st, I must ensure that this application is received by the GAO within 30 calendar days after separation to be eligible to defer under IRS deadlines.

DISBURSEMENTS: (Select 1 of the following 3 options) <input type="checkbox"/> Please pay me by check (warrant) <input type="checkbox"/> I want to use my Direct Deposit Account already setup in HRIS/YES indicated below: (Enter the last 4 digits of the account number) <input type="checkbox"/> Use ACH Routing Number: Account Number: For this option, you MUST attach either a void check, a letter, or direct deposit authorization statement printed by your financial institution showing YOUR NAME, YOUR ADDRESS, ROUTING NUMBER and YOUR ACCOUNT NUMBER. Deposit slips and starter checks do not qualify.	INCOME TAX WITHHOLDING: RASL payments are supplemental wages reported on an IRS W-2. <input type="checkbox"/> I am paid through HRIS/YES, am not tax exempt, and choose to apply my current tax withholding elections to my RASL pay. <input type="checkbox"/> I have attached a current year signed W-4 and A-4 indicating the Federal and State tax withholdings desired and know I can update these via HRSystems.azdoa.gov .
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NAME AND ADDRESS OF ONE BENEFICIARY (if you choose No Beneficiary, indicate "NONE")	PHONE NUMBER
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RETIREE CERTIFICATIONS I certify that the information on this form is correct to the best of my knowledge. I certify with initials **ALL** of the following:

Initial I understand that I must retire from an authorized State of Arizona retirement system with an effective retirement date not later than 31 CALENDAR DAYS following my separation of employment from State service. If I retire any later, I will not be eligible for RASL.	Initial I believe that at the time of my separation from State service, I had, or will have, at least 500 usable sick leave hours. I understand that all usable sick hours in excess of 1,500 must be irrevocably forfeited.
Initial I understand that if I elect a lump sum withdrawal from my retirement account, it may be considered a forfeiture of my retirement, and I will not be eligible for RASL.	Initial I understand my RASL Benefit will be calculated as follows: $\left[\begin{matrix} \text{Usable sick} \\ \text{leave hours at} \\ \text{separation} \\ \text{(capped at 1,500)} \end{matrix} \right] \times \left[\begin{matrix} \text{Hourly} \\ \text{rate of} \\ \text{pay at} \\ \text{separation} \end{matrix} \right] \times \left[\begin{matrix} \text{Percentage (based on} \\ \text{usable sick leave hours)} \\ 25\% (500 - 749) \\ 33\% (750 - 999) \\ 50\% (1,000 - 1,500) \end{matrix} \right] = \begin{matrix} \text{RASL} \\ \text{Benefit} \\ \text{(capped at} \\ \text{\$30,000)} \end{matrix}$
Initial I understand I have a maximum of 180 CALENDAR DAYS following my effective retirement date to ensure that this form is received by the GAO. If I apply any later, I will not be eligible for RASL.	Initial I understand that if I timely apply and the GAO has determined I am eligible for the RASL program, my RASL benefit will be scheduled in 3 equal annual payments. I understand that RASL payments are subject to Federal, AZ State, Social Security, and Medicare taxes.
Initial I understand that for RASL purposes, I can only retire once per retirement plan and the total value received under this program, per person, per retirement system, cannot exceed \$30,000.	Initial I understand the first RASL payment is generally available within 60-90 days after a qualified, complete application has been received by the GAO (not 60-90 days from retirement) and I also understand any excess disbursement may be offset against future payments.

RETIREE OR LEGAL REPRESENTATIVE SIGNATURE: _____

RETIREE: Email this application to your [agency RASL liaison](#).

Please remember, however, it is totally and exclusively your responsibility to follow up to ensure the GAO receives your documents timely.

AGENCY SECTION

AGENCY NAME	AGENCY CONTACT EMAIL ADDRESS	PHONE NUMBER
RETIREE SEPARATION DATE	DATE OF RETIREE FINAL PAYCHECK	RETIREE SICK LEAVE BALANCE (Hours) UPON SEPARATION
		RETIREE HOURLY RATE ON SEPARATION DATE

AGENCY CERTIFICATION: I certify, to the best of my knowledge, that the sick leave balance, hourly rate, and other information shown above is correct (supporting documentation attached) and all final wages have been paid. I believe this IS IS NOT a valid claim against the State.

PRINT NAME: _____ SIGNATURE: _____

Agency to Email completed form to RASL@azdoa.gov.

Retiree Accumulated Sick Leave Program, General Accounting Office, 100. N. 15th Avenue, Suite 302, Phoenix, AZ 85007.
 Email: RASL@azdoa.gov Phone: (602) 542-6222 RASL Website: gao.az.gov/payroll/rasl Paystubs and W2s: paydocs.az.gov