

# RETIREE ACCUMULATED SICK LEAVE PROGRAM

## CHECKLIST TO ACCOMPANY FORM GAO-SL-50 For University Retirees

Retiree Section of GAO-SL-50	University Section of GAO-SL-50
<p><input type="checkbox"/> Social Security Number, Retiree Name, Phone Number, Mailing Address, Gender and Birth Date fields have been completed. Email address is optional.</p> <p><input type="checkbox"/> Retirement system selected.</p> <p><input type="checkbox"/> Retirement Date: _____ / _____ / _____</p> <p><input type="checkbox"/> If applicable, enrolled with the state-sponsored deferred compensation provider prior to termination date.</p> <p><input type="checkbox"/> If applicable, date RASL Deferral Notification Form was delivered directly to the state-sponsored deferred compensation provider:  _____ / _____ / _____</p> <p><input type="checkbox"/> If applicable, Direct Deposit selected. Attach VOID check or letter from financial institution. Handwritten account information is not acceptable.</p> <p><input type="checkbox"/> Tax withholdings: Attached current W-4 and A-4. Current withholdings forms can be obtained on the RASL website or at <a href="http://www.irs.gov">www.irs.gov</a> and <a href="http://www.azdor.gov">www.azdor.gov</a>. (EXEMPT withholdings require a new W-4 form be submitted each calendar year to the RASL Program.)</p> <p><input type="checkbox"/> Completed beneficiary information or wrote "NO BENEFICIARY".</p> <p><input type="checkbox"/> Retiree signature: Form is invalid if not signed.</p> <p><input type="checkbox"/> Submitted original (no faxes, no copies) of Form GAO-SL-50 to University office of Human Resources / Payroll on:  _____ / _____ / _____</p> <p><input type="checkbox"/> Remember to communicate directly with the RASL Program if you change your address or bank account. RASL does NOT share this information with the Retirement Systems or with the Universities.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">Retiree Signature and Date</p>	<p><input type="checkbox"/> Verify retiree section is accurate and complete.</p> <p><input type="checkbox"/> Retiree must submit original Form GAO-SL-50. Faxes or photocopies cannot be accepted.</p> <p><input type="checkbox"/> ORP retirees: Attach letter confirming retirement date.</p> <p><input type="checkbox"/> Termination Date: Attach documentation to verify termination date.</p> <p><input type="checkbox"/> Date Other Leave Paid Off: Complete after final payment for all wages and accrued leave has been made.</p> <p><input type="checkbox"/> Sick Leave Balance: Attach documentation to verify sick leave balance.</p> <p><input type="checkbox"/> Hourly Rate at Termination: Attach documentation to verify hourly rate of pay to four decimals (\$xx.xxxx)</p> <p><input type="checkbox"/> Show your calculation of hourly rate of pay. Show annual salary divided by the appropriate annual hours worked (such as 2080, 1560 or 1520.)</p> <p><input type="checkbox"/> Employer Signature: Form is invalid if not signed.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">University Signature and Date</p>