

THIS FORM MUST BE SUBMITTED THE CALENDAR YEAR PRIOR TO SEPARATION

ACCUMULATED LEAVE BALANCE TRANSFER ELECTION

In accordance with the provisions of the Collective Bargaining Agreement, Article 31 (vacation) and Article 33 (sick leave), between the City of Miami and The Fraternal Order of Police, Miami Lodge #20, I, _____, Social Security _____ take the below specified **irrevocable** option in connection with the balances of my accumulated Vacation and Sick leave balances upon separation from employment from the City of Miami.

If I chose not to make an election I understand that any Sick leave balance will automatically be transferred to the Post Employment Health Plan upon my separation from service.

Sick Leave Balance:

Transfer _____ % of sick leave time balance to my vacation balance.

Vacation Time Balance:

Transfer _____ % of vacation time balance to my sick leave balance

Signature

Date

State of *Florida*
County of *Miami-Dade*

The foregoing instrument was acknowledged before me this _____ day of _____, 201 , by _____, who is personally known to me /or/ produced _____ as identification.

Commission Expires:

Signature of Notary

THIS FORM MUST BE SUBMITTED TO THE PAYROLL UNIT OF THE POLICE DEPARTMENT

Received by in Police Payroll Unit

Date