

01/2006

CITY OF NEW ORLEANS  
EMPLOYEES' RETIREMENT SYSTEM  
1300 Perdido, Room 1E12  
New Orleans, LA 70112  
(504) 658-1850 Fax (504) 658-1602

**APPLICATION TO APPLY LEAVE FOR RETIREMENT CREDIT**

**This document should only be used to request the conversion of sick and annual leave to retirement credit.**

PRINT EMPLOYEE'S NAME: \_\_\_\_\_

EMPLOYEE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

The above named employee hereby authorizes the City of New Orleans to apply the leave hours noted below for retirement credit. The employee acknowledges the hours converted will no longer be available for use or conversion to terminal leave payment. The sick/annual leave balances will be permanently adjusted.

Number of Sick Leave hours to be applied. \_\_\_\_\_

Number of Annual Leave hours to be applied. \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

The signatures below confirm the leave to be applied has been reviewed by the Authorized Representatives.

Department \_\_\_\_\_ Date \_\_\_\_\_

Retirement \_\_\_\_\_ Date \_\_\_\_\_

Accounting \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND ATTACHED TO THE MEMBER'S APPLICATION FOR RETIREMENT.**  
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**THIS SECTION IS TO BE COMPLETED BY NOMERS AND INPUT BY THE ACCOUNTING SECTION. THE DEPARTMENT SHOULD NOT COMPLETE A LEAVE ADJUSTMENT FORM FOR THE HOURS NOTED BELOW.**

| <u>EVENT DATE</u> | <u>EVENT CODE</u> | <u>NUMBER OF HOURS</u> |
|-------------------|-------------------|------------------------|
| -----/-----/----- | CSICK             | _____                  |
| -----/-----/----- | CANNL             | _____                  |

Input by \_\_\_\_\_ Date \_\_\_\_\_