Request for Severance Pay

_____

NAME   **EMPLOYEE NUMBER**

According to Louisiana Revised Statute 17:425 and LSR 17:425.1, Livingston Parish Public Schools (LPPS) shall pay severance pay to an employee either at the time of his or her retirement, or at the time of his or her death, if prior to retirement, or the agency may pay it upon entering Deferred Retirement Option Plan, (DROP). There is no provision for issuance of severance pay at any other time.

As an employee of LPPS, you are responsible for all decisions concerning retirement. We encourage you to review Retirement System Member Account Statements annually to verify accuracy. Retiring, or choosing to participate in DROP is a personal decision. Signing this form confirms that no member of LPPS staff has advised you to enter DROP or retire from your currently held position.

☐ *BEGINNING DROP DATE:*   /   /
MM / DD / YYYY

    ☐ **Yes,** I choose to receive Severance Pay upon entering DROP.
       (Sick day balance reduced by the number of days paid, up to the maximum of 25 days.)

    ☐ **No,** I will wait until I retire to receive Severance Pay.

☐ *RETIREMENT EFFECTIVE DATE:*   /   /
MM / DD / YYYY

    ☐ I choose to receive severance pay when I retire and leave the employment of LPPS.

_____

EMPLOYEE SIGNATURE

_____

DATE   *WITNESS*

LPPS OFFICE USE ONLY

Sick Leave balance at time of payment: _____   ☐ **Sick Days at DROP-IN**

$		$	
Daily Rate of Pay	x Sick Days Paid	= Amount Paid	

Annual Leave balance at time of payment: _____

Vacation Bank   +   Annual Days (Prorated, if applicable)   =   TOTAL

$		$	
Daily Rate of Pay	x Total Vacation/Annual Leave Days Paid	= Amount Paid	

CERTIFIED BY: _____

Payroll Department   Date Paid

____Change Leave Balance   ____Stamp DROP/Retire Book   ____Scan to Payroll File