

# Affidavit of Unused Accumulated Sick Leave

## Tennessee Consolidated Retirement System

502 Deaderick Street  
 Nashville, Tennessee 37243-0201  
 1-800-770-8277 ♦ <http://tcrs.tn.gov>



If official sick leave records have been lost or destroyed, the employer may certify unused sick leave days to the Retirement System for credit pursuant to Tennessee Code Annotated, Section 8-34-604 provided: (1) the employee provides a sworn affidavit stating as nearly as possible the number of unused sick leave days to the employee's credit at the time the employee left the employ of the employer; (2) one current or former co-worker of the employee supplies a sworn affidavit certifying he/she was familiar with the employee's attendance record at issue and to his/her best belief, the number of unused sick leave days contained in the employee's affidavit is reasonable; and (3) the employer certifies the number of unused sick leave days contained in the employee's affidavit is reasonable based on the terms of the employer's sick leave policy in effect during the employee's employment with the employer.

Part I of this form must be completed by the employee/claimant. The current or former co-worker as described above must complete Part II. Parts I and II must be notarized upon signing and the time claimed in Part I must agree with that certified in Part II. The present department head of that employer under which the sick leave was accrued must complete Part III. Separate affidavits must be filed for each employer. Please note that any intentional misstatement constitutes fraud and will cause forfeiture of all related benefits in the Retirement System.

### SECTION 1. CLAIMANT INFORMATION

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name		
Mailing Address		
City	State	Zip Code
Email	Phone Number	

### SECTION 2. CLAIMANT SICK LEAVE INFORMATION

Name of Employer During Which the Leave was Accrued				
Total Number of Unused Sick Leave Days Being Claimed				
Number of Sick Leave Days Accrued Annually <input type="checkbox"/> 9 days <input type="checkbox"/> 10 days <input type="checkbox"/> 11 days <input type="checkbox"/> 12 days				
Period of Service for Sick Leave Days Claimed				
From (Example 7/1/60)	To (Example 6/30/61)	Months in Full Year of Service (Example 12)	Months Worked (Example 12)	Position Held

I, the employee/claimant, hereby apply for sick leave credit as stated above and further certify, to the best of my knowledge and belief, that the above accurately reflects, as nearly as possible, the number of unused sick leave days to my credit at the time I left the employ of the employer listed above.

Applicant's Signature	Date
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### SECTION 3. CURRENT OR FORMER CO-WORKER CONFIRMATION

I certify that I am a current or former co-worker of the employee/claimant listed on the front of this form and I was familiar with the employee's attendance record with the employer at issue. I further certify, to the best of my belief, that the number of unused sick leave days contained in the employee's certification on the front of this form is reasonable.

Full Name

Mailing Address

City

State

Zip Code

Co-Worker's Signature

Date

### SECTION 4. EMPLOYER CERTIFICATION

I hereby certify that the official sick leave records of the number of unused sick leave days the employee/claimant had remaining at termination of employment have been lost or destroyed. I further certify that the number of unused sick leave days contained in the employee's certification on the front of this form is reasonable based on the terms of our department's sick leave policy in effect during the employee's employment with this department. I understand that this representation is subject to audit by the Tennessee State Comptroller as provided in Tennessee Code Annotated, Section 8-34-318.

Employer's Signature

Date

Employer's Address

Department

Email

Phone Number