



Certification of Unused State Sick and/or Personal Leave

TRS587 (09-21)

PO Box 149676
Austin, Texas 78714-0185
(800) 223-8778
www.trs.texas.gov



Name _____ TRS Participant ID or
Social Security Number _____
Employer _____

The certification below must be completed by the TRS reporting official at the Texas public educational institution where you are currently employed.

An eligible member of the Teacher Retirement System of Texas (TRS) may establish one year of equivalent membership service credit for 50 or more days or 400 or more hours of unused **state** sick and/or personal leave. No more than 5 days per year may be accumulated toward this requirement; therefore, a member must have at least 10 years of active TRS membership credit for service actually rendered with a TRS-covered employer. This service may only be purchased at the time a member retires. Payment in full must be received by TRS no later than 90 days after the cost statement is issued by TRS to the member.

Credit for unused state sick and/or personal leave may be established by depositing with TRS the actuarial present value, at the time of deposit, of the additional standard retirement annuity benefits that would be attributable to the conversion of the unused leave into service credit based on rates and tables adopted by the TRS Board of Trustees.

This certification form will not be accepted at TRS more than 30 days prior to the effective date of your retirement. If you purchase this service credit and subsequently revoke your retirement, your payment will be refunded to you and the service credit will be removed from your record.

Number of days or hours of accrued unused state* sick and/or personal leave: _____ days / _____ hours

** Count state leave **only**. Do not count locally granted leave.*

I certify that the person named on this form has the accrued unused sick and/or personal leave stated above as of _____, 20____ and that no more than 5 days accrued in any school year.

Signature of TRS Reporting Official _____ Title _____

Printed Name of TRS Reporting Official _____ Date _____