

## How to Generate a Sick-Leave Estimate in AcSL

1. After searching for and selecting a member in the Member Search screen, click the **Generate Estimate** button on the **Member Information Overview** screen. (See red arrow below)

myETF Benefits Admin  
System Maintenance Administration

myMembers | Life | Disability | WRS | Other Benefits | Help | Log Off

Member Information Overview

Employee Information

Member Name  
Social Security Number  
ETF Member ID  
Birth Date  
Date of Death  
Address  
Gender

Health Plans where [redacted] is currently a Subscriber  
[redacted] is not a subscriber on any state health plan contract.

Health Plans where [redacted] is currently a Dependent  
Not a dependent on any other subscriber's health plan.

Employment History

Employer Number	Employer Name	Begin Date	Termination Date
0001108	ADMINISTRATION, DEPT OF	07/03/1978	

Sick Leave Certifications

Employer	Termination Date	Status	Amended Certification	Preserved Account - Override	Created By	Created On	Action
ADMINISTRATION, DEPT OF (0001108)	01/01/2013	SUBMITTED	No	No	m.masih	01/30/2014	<a href="#">View Certification</a>
ADMINISTRATION, DEPT OF (0001108)	01/01/2009	APPROVED	No	Yes	LINDEC	01/30/2014	<a href="#">View/Amend Certification</a>

[Start New Certification](#) [Generate Estimate](#)

2. Enter in a Future Termination Date and Reason for Termination and click the **Enter Estimated Sick Leave Hours** button.

myETF Benefits Admin  
System Maintenance Administration

myMembers | Life | Disability | WRS | Other Benefits | Help | Log Off

Accumulated Sick Leave Certification Form :

Step 1: Enter Termination Information | Step 2: Verify Health Plan | Step 3: Calculate Accumulated Leave Credits

This is an ESTIMATE only.

Employee Information

Member Name  
Social Security Number  
ETF Member ID  
Birth Date  
Date of Death  
Address  
Gender

Termination Information

Termination Date (MM/DD/YYYY) 04/01/2014  
Reason for Termination Retirement Eligible

Health Plans where [redacted] is a Subscriber as of termination date  
[redacted] is not a subscriber on any state health plan contract.

Health Plans where [redacted] is a Dependent as of termination date  
Not a dependent on any other subscriber's health plan.

[Enter Estimated Sick Leave Hours](#)

3. Enter member's ASLCC and SHICC information on the **Certification of Accumulated Sick Leave** screen and click the **Print Copy for Member** button. (See red arrow)

- To ensure members are aware that they are receiving an estimate, the verbiage "This is an ESTIMATE only" will appear on all estimate screens and PDF's.
- When the **Retirement- Eligible** reason is chosen, verbiage stating "Employee must be covered by the state group health insurance program on the retirement date to be eligible for these credits." will appear on both the Certification of Accumulated Sick Leave screen and on the PDF copy going to the member.
- If **Death** is chosen as the termination reason, verbiage will read "Employee must be covered by the state group health insurance program on the date of death for his/her insured survivor(s) to be eligible for these credits."

**Certification of Accumulated Leave**

Step 1: Enter Termination Information | Step 2: Verify Health Plan | Step 3: Calculate Accumulated Leave Credits

This is an ESTIMATE only.

Employee must be covered by the state group health insurance program on the retirement date to be eligible for these credits.

**Termination Information**

Employer ID: ADMINISTRATION, DEPT OF (0001108)  
 Termination Date (MM/DD/YYYY): 02/14/2015  
 Reason for Termination: Retirement Eligible

**Accumulated Leave (ASLCC) Information**

Unused Sick Leave Hours: 1500.00  
 Other Creditable Leave Hours: 0.00  
 Highest Basic Hourly Pay Rate as State Employee: 20.000  
 ASLCC Total: \$30,000.00

**Supplemental Sick Leave (SHICC) Information**

Note: Do not complete this section if the employee is in a position (e.g., Crafts) that is not eligible for SHICC credits.

Seniority Date/Adjusted Continuous Service Date (MM/DD/YYYY): 3/26/1988  
 Note: Do not use the WRS Service Date.  
 Bargaining Unit: [Empty]  
 Years of Service in General/Executive Category WITHIN THE FIRST 24 YEARS: 24  
 Years of Service in Protective Category WITHIN THE FIRST 24 YEARS: 0  
 Years of Service in Excess of 24 Years: 2  
 Full Years of Service/Seniority: 26  
 SHICC Eligible Hours: 1456.00  
 SHICC, 500 Hour Restoration: 0.00  
 SHICC Total: \$29,120.00

**Grand Total**

Certification Total: \$59,120.00

**Print Copy for Member**

4. Print PDF Copy of Sick Leave Estimate for Member and/or email PDF copy to member.

**STATE OF WISCONSIN**  
 Department of Employee Trust Funds  
 Robert J. Conlin  
 SECRETARY

801 W. Badger Rd.  
 PO Box 7931  
 Madison WI 53707-7931  
 1-877-633-6020 (toll free)  
 Fax: (608) 267-4849  
 TTY: (608) 267-0676  
 http://etf.wis.gov

**SICK LEAVE CREDIT CERTIFICATION**  
 ESTIMATE -03/24/2014  
 This is an ESTIMATE only.  
 Employee must be covered by the state group health insurance program on the retirement date to be eligible for these credits.

Employee Information		Health Plan at Date of Termination	
Member Name	[Redacted]	Health Plan Carrier	[Redacted]
Member SSN	[Redacted]	Coverage Type	[Redacted]
Member ID	[Redacted]	Group Number	[Redacted]
Birth Date	[Redacted]	Coverage Begin Date	[Redacted]
Address	[Redacted]	Coverage End Date	[Redacted]
Gender	[Redacted]	Plan Subscriber	[Redacted]
Termination Date	[Redacted]		
Termination Reason	Retirement Eligible		

Accumulated Leave (ASLCC) Information	
Unused Sick Leave Hours	1,500.00
Other Creditable Hours	0.00
Highest Basic Hourly Pay Rate	\$ 20.00
<b>ASLCC Total</b>	<b>\$ 30,000.00</b>

Supplemental Sick Leave (SHICC) Information	
Seniority Date	03/26/1988
Bargaining Unit	[Redacted]
Years of Service in General/Executive Category (within the first 24 years)	24
Years of Service in Protective Category (within the first 24 years)	0
Years of Service in Excess of 24 years	2
Full Years of Service/Seniority	26
SHICC Eligible Hours	1,456.00
SHICC, 500 Hour Restoration	0.00
<b>SHICC Total</b>	<b>\$ 29,120.00</b>

Employer Information	
Employer Name	ADMINISTRATION, DEPT OF
Submitted by	ETF on behalf of the employer
Submitted date	03/24/2014

There are no previous versions of this certificate.

**Grand Total**

Certification Total: \$ 59,120.00