



# Sick Leave Conversion Program Employer Manual

Department of Employee Trust Funds  
P.O. Box 7931  
Madison, WI 53713

Employer Communications Center  
1-877-533-5020

[etf.wi.gov](http://etf.wi.gov)

**Department of Employee Trust Funds**  
**Sick Leave Conversion Program Employer Manual**

---

## **Table of Contents**

### **[Chapter 1—Background Information](#)** (Revised 4/13/2023)

- 101 [Applicable Policies, Statutes, and Legislation](#)
- 102 [ETF Ombudsperson Services](#)
- 103 [Employer Services Bureau \(ESB\), Insurance Unit Contacts](#)
- 104 [Employer Access for AcSL](#)

### **[Chapter 2—Accumulated Sick Leave Conversion Credits \(ASLCC\)](#)** (Revised 8/2/2023)

- 201 [Accumulated Sick Leave Conversion Credit Program Overview and Calculation](#)
- 202 [Supplemental Health Insurance Credit Conversion \(SHICC\) Program Overview and Calculation](#)
- 203 [Eligibility](#)
- 204 [Escrow of Sick Leave Credits](#)
- 205 [Enrollment Opportunities](#)
- 206 [Member Communications](#)

### **[Chapter 3 Sick Leave Use for Permanent Layoffs](#)** (Revised 3/15/2023)

- 301 [Permanent Layoff](#)
- 302 [Permanent Layoff Sick Leave Conversion Reference Chart](#)

### **[Chapter 4—Accumulated Sick Leave System \(AcSL\)](#)** (Revised 3/15/2023)

- 401 [Certifying Credits through the Online Accumulated Sick Leave System \(AcSL\)](#)
- 402 [Dashboards in the Online Accumulated Sick Leave System \(AcSL\)](#)
- 403 [Generating a Sick Leave Credit Estimate through the Online Accumulated Sick Leave System \(AcSL\)](#)

### **[Chapter 5 - Other Sick Leave Certification Situations](#)** (Revised 8/2/2023)

- 501 [Restoring unused sick leave hours](#)
- 502 [Elected Official SHICC Adjustment](#)
- 503 [Employment in Two State Positions](#)
- 504 [Certifying Sick Leave Credits following an Employee Death](#)

### **[Chapter 6 – Glossary of Definitions](#)** (Revised 3/15/2023)

**Department of Employee Trust Funds  
Sick Leave Conversion Program Employer Manual**

---

## **Chapter 1—Background Information**

- 101** [Applicable Policies, Statutes, and Legislation](#)
- 102** [ETF Ombudsperson Services](#)
- 103** [Employer Services Bureau \(ESB\), Insurance Unit Contacts](#)
- 104** [Employer Access for AcSL](#)

### **101 Applicable Policies, Statutes, and Legislation**

Sick leave is an important fringe benefit available to State of Wisconsin [employees](#). Most employees earn and, depending on usage, will accumulate hours of unused sick leave while they are employed with the state. If eligible, upon retirement (regular or disability), [layoff](#), or death, unused sick leave credits may be used to pay post-termination state group health insurance premiums for participating employees, their spouse and/or [dependents](#). There are two sick leave programs for State of Wisconsin employees:

- 1) The Accumulated Sick Leave Conversion Credit (ASLCC) Program, which began in the early 1970s and
- 2) The Supplemental Health Insurance Conversion Credit (SHICC) Program, which became available in 1995.

The Department of Employee Trust Funds (ETF) is granted the authority to administer the SHICC and ASLCC programs as set forth in sections 40.95 & 40.05(4)(b) & (bc), Wis. Stats., respectively. SHICC is independently authorized under section 230.12(9), Wis. Stats. and is incorporated into the compensation plan (typically Section H). The Division of Personnel Management (via its maintenance of the compensation plan) provides guidance related to the administration of the SHICC Program via [Chapter 758](#) of the Human Resources Handbook (“Handbook”).

The sick leave programs are funded by a contribution rate levied on the earnings paid to all participating employees by state [employers](#) and authorities who participate in the sick leave programs. These funds accumulate into accounts maintained within the public employee trust fund, which ETF administers. The contribution rate and accumulated accounts are necessary to ensure that both the ASLCC and SHICC programs are fully funded to pay for the accrued benefits earned by participating employees.

Employers participating in the sick leave programs are required pay contributions sufficient to pay for the present value of the present and future benefits authorized by the sick leave programs in accordance with 40.05(4)(br) & (by) Wis. Stats. ETF’s actuary determines the rate that will be levied on employers annually. For more information about the calculation of credits for eligible employees, see Chapter 201.

## 102 ETF Ombudsperson Services

The ombudsperson is a confidential resource for WRS and insurance program members and acts as a neutral party to work for equity, fairness and compliance with program policies and insurance contracts.

ETF offers ombudsperson services to assist members who remain dissatisfied after first having contacted the [health plan](#) and/or the Employer Services Bureau regarding a problem or complaint. Employers should direct employees in this situation to email, write or telephone ETF's ombudsperson at the following:

Department of Employee Trust Funds  
P.O. Box 7931  
Madison WI 53707-7931  
1-608-261-7947

Email: [ombudsperson@etf.wi.gov](mailto:ombudsperson@etf.wi.gov)

ETF ombudspersons advocate for members and attempt to resolve complaints and problems on their behalf. If unsuccessful, the ombudsperson advises the member of subsequent avenues of appeal. If a member's issue cannot be resolved informally, formal written complaints should be made using the [Insurance Complaint Form \(ET-2405\)](#) if possible and should include an explanation of the issue the member is attempting to resolve. Additional information regarding ETF ombudsperson services can be found at: <https://etf.wi.gov/benefits/schedule-appointment/ombudsperson-services>.

## 103 Employer Services Bureau (ESB), Insurance Unit Contact Information

Employers can contact ESB for questions related to eligibility, enrollment, forms and other inquiries via the methods below.

### Employee Trust Funds

|                         |   |
|-------------------------|---|
| <b>Mailing Address</b>  | P.O. Box 7931<br>Madison WI 53707-7931  |
| <b>Shipping Address</b> | 4822 Madison Yards Way<br>Madison WI 53705-9100   |
| <b>Telephone</b>        | 877-533-5020 select option 2 (toll free)  |
| <b>TTY</b>              | 711   |
| <b>Fax</b>              | 608-267-4549  |
| <b>Website</b>          | <a href="https://etf.wi.gov">https://etf.wi.gov</a>   |
| <b>Email</b>            | Reach out to <a href="mailto:ETF SMBSTARInsurance@etf.wi.gov">ETF SMBSTARInsurance@etf.wi.gov</a> if the employee works for a Central Payroll Agency.<br>Reach out to <a href="mailto:ETF SMBUWandUWHCInsurance@etf.wi.gov">ETF SMBUWandUWHCInsurance@etf.wi.gov</a> if the employee works for the University of Wisconsin or the UW Hospital Authority<br>If the employee works for one not listed, contact <a href="mailto:ETF SMBEmployerInsurance@etf.wi.gov">ETF SMBEmployerInsurance@etf.wi.gov</a><br><br><b>If you are sending demographic or sensitive documentation to ETF via email, it must be sent securely. If you are unable to send securely, fax to ETF.</b> |

### Office Hours

7:45 a.m. to 4:30 p.m. Monday through Friday (except holidays)

## 104 Employer Access for AcSL

Employers can request access to submit sick leave certifications in AcSL with the Online Access Security Agreement (ET-8928). This form should be completed for each person who needs access and submitted to ETF following the instructions on the form.

There are two levels of access available for AcSL, full and restricted. Restricted access allows employees to create sick leave certifications, but they are not able to submit those certifications to ETF. Any certifications they create would need to be reviewed and submitted to ETF by someone with full access. Full access allows employees to create and submit certifications to ETF without review.

## **Chapter 2 — Accumulated Sick Leave Conversion Credits (ASLCC)**

- 201 [Accumulated Sick Leave Conversion Credit Program Overview and Calculation](#)
- 202 [Supplemental Health Insurance Credit Conversion \(SHICC\) Program Overview and Calculation](#)
- 203 [Eligibility](#)
- 204 [Escrow of Sick Leave Credits](#)
- 205 [Enrollment Opportunities](#)
- 206 [Member Communications](#)

### **201 Accumulated Sick Leave Conversion Credit Program Overview and Calculation**

In accordance with Wis. Stats. §§ 40.95 & 40.05(4)(b) & (bc), eligible [employees](#) can convert accumulated sick leave hours to a dollar-based credit to pay premiums for coverage under the State Group Health Insurance Program (GHIP) (if an applicable compensation plan or collective bargaining agreement provides for sick leave conversion).

Accumulated sick leave earned as a WRS participating employee is converted to credits only for the payment of state group health insurance premiums. The sick leave credits are computed as Hours x Highest Basic Pay Rate = Sick Leave Credits. The “highest basic pay rate” for purposes of calculating accumulated sick leave conversion is the highest hourly rate at which the employee accrued sick leave while employed in a position eligible for sick leave conversion under [s. 13.121\(4\)](#), [s. 36.30](#), [s. 230.35\(2\)](#), [s. 238.04\(8\)](#), or [s. 757.02\(5\)](#). In essence, for a pay rate to be used in the calculation, an employee must have earned sick leave eligible for conversion at that pay rate. Pay for service such as limited term employment, or project employment that does not provide sick leave, and cannot be used as an employee's highest basic pay rate.

Unused sick leave credits cannot be “cashed out” when an eligible employee leaves state employment, nor can they be used to pay premiums for Medicare or for any health insurance plans other than the State of Wisconsin Group Health Insurance Program. Sick leave credits also don’t earn interest. Credits are not split due to divorce and cannot be transferred to another person except in the case of death.

If an employee is transferring to another [employer](#), please reference the [Accumulated Sick Leave Credit Transfer Between Wisconsin Retirement System Agencies grid](#) on the ETF website to determine if their unused sick leave hours can be transferred.

## 202 Supplemental Health Insurance Credit Conversion (SHICC) Program Overview and Calculation

In accordance with Wis. Stat. 230.12(9) & Section H of the Biennial Wisconsin Compensation Plan, eligible employees with 15 or more years of adjusted continuous service can earn supplemental sick leave credits.

Adjusted continuous service is defined as the number of years of service in a participating state position excluding any breaks in service. A full calendar year is used for this calculation. For example, if an employee's start date is on September 1<sup>st</sup>, 2011, they would need to terminate their employment on August 31<sup>st</sup>, 2026, without any breaks in service to earn 15 years of adjusted continuous service.

In certain situations, an employee's adjusted continuous service can be calculated differently than the full calendar year process described in the previous paragraph. This might occur for positions like academic staff and elected officials who are not able to work full years based on term limits or academic years. For more information about the calculation for elected officials, see 502. For more information about academic staff, contact UW System Human Resources.

**Note:** Questions about adjusted continuous service and SHICC calculations should be directed to DPM or other internal employer resources. ETF doesn't determine how adjusted continuous service is calculated.

### 202 A) Calculating SHICC

SHICC is calculated by multiplying an employee's years of adjusted continuous service by a standard amount to determine an employee's SHICC eligible hours. Except for the special 500-hour restoration provision, SHICC eligible hours cannot exceed an employee's unused sick leave hours. The SHICC eligible hours are then multiplied by the employee's highest hourly rate of pay to determine the total amount of SHICC an employee is eligible for.

There are two different calculations for SHICC depending on the type of service an employee had. Years of general service between 1 and 24 years are multiplied by 52 hours. Years of protective service between 1 and 24 years are multiplied by 78 hours. Any years of service over 24 years are multiplied by 104 hours. For more information on these calculations, see the [Sick Leave Credit Conversion Program Brochure \(ET-4132\)](#).

### 202 B) 500-hour SHICC Restoration

If an employee used more than 500 hours of sick leave in the 3 years prior to termination and that sick leave was used for the same single illness or injury, they may be eligible to have 500 hours of SHICC restored to them. An employee's eligibility is determined by their employer and is reported to ETF on the sick leave certification. Members are only eligible for the 500-hour restoration if they have 15 years of adjusted continuous service and are eligible for SHICC. See 401 for more information about adding the 500-hour restoration to an employee's certification.

## 203 Eligibility

The following individuals are eligible to use sick leave credits to pay for post-termination health insurance coverage. In 203 A through C below, at the time of termination, the employer must certify the employee's accumulated sick leave through the online Accumulated Sick Leave system (AcSL). Refer to Chapter 4. Payment of health insurance premiums using accumulated sick leave for permanently laid off employees in 203 D takes place through the employer. These amounts are not certified through the AcSL system.

- 203 A)** A terminated employee (per Wis. Stat. § 40.05 (4) (b)) enrolled in the State Group Health Insurance Program at time of termination who:
- 1) Retires with an immediate monthly annuity or retirement lump sum benefit that has an effective date within 30 days of termination; or
  - 2) Terminates all WRS employment at age 55 or older (50 for protective category employees) and has 20 years of creditable WRS service; or
  - 3) Qualifies for disability retirement benefits under Wis. Stat. §40.63, duty disability benefits under Wis. Stat. §40.65, or Long-Term Disability Insurance (LTDI) benefits under Wis. Admin. Ch. ETF 50.

**203 B)** An eligible surviving spouse and/or dependents (per Wis. Stat. § 40.05 (4) (be)). Eligibility for a survivor to use these sick leave credits depends on the status of the employee's sick leave credits at the time of death.

- 1) An eligible survivor who was covered under the employee's state group health insurance family policy on the date of the employee's death will automatically continue coverage. ETF will process the continuation.
- 2) The employee's sick leave credits were in [escrow](#) status at the time of death. Eligible survivors can use the credits if they were covered on the under the state group health insurance program in the past and had comparable coverage in force the entire time the credits were escrowed. It doesn't matter if the employee had family or single coverage at the time the sick leave credits were escrowed.
- 3) The employee's sick leave credits were in [preserved](#) status at the time of death. Eligible survivors can use the credits if they were covered on the under the state group health insurance program in the past.

**203 C)** A vested employee (per Wis. Stat. § 40.02 (25) (b) (6e) and (6g) who, at the time of termination, is under minimum retirement age and was a(n):

- 1) State constitutional officer.
- 2) Member or officer of the Legislature.
- 3) State agency head or administrative official appointed by the governor with senate confirmation.
- 4) Head of certain legislative service agencies.
- 5) Employee with 20 years of WRS creditable service, who terminated before their minimum retirement age and did not elect a WRS separation benefit.

**Note:** For these employees, accumulated sick leave credits may be preserved upon termination of employment. Vesting requirements and eligibility to use sick leave credits will be reviewed by ETF when the employee applies for a WRS retirement benefit. These employees do not need to be enrolled in state group health insurance to have their sick leave credits preserved.

**203 D)** An employee on permanent [layoff](#) (refer to Chapter 3). The employee must be enrolled in state group health insurance at termination to use their sick leave credits while laid off.



## 204 Escrow of Sick Leave Credits

Eligible state employees or their eligible surviving dependents may elect to [escrow](#) (bank) their accumulated sick leave credits. They can elect to escrow the sick leave for an indefinite period if continuously covered by comparable non-state health insurance coverage. Comparable non-state health insurance coverage means a plan with hospital, pharmacy, and medical benefits substantially equivalent to the state's Access Plan (not the Access HDHP) or for Medicare eligible retirees, the Medicare Plus plan. Comparable coverage may be an HDHP with an employer contribution to a Health Savings Account or Health Reimbursement Account that brings the value of the plan to the level of the Access Plan.

To escrow, the employee must complete a [Sick Leave Credit Escrow Application \(ET-4305\)](#). The decision to escrow can be done, either at the time of termination of employment or at a later date when the employee enrolls in a comparable non-state health insurance plan. The sick leave account will be escrowed on the first of the month following receipt of the signed and completed form.

If the employee is a dependent on a spouse's state group health insurance contract, the sick leave credits will automatically be placed "on hold" until the spouse retires and depletes their sick leave credits. Both spouses must meet the sick leave eligibility requirements.

If the retiree's other coverage changes, including if the change is due to a non-state employer's benefit change, the retiree must notify ETF of the new coverage, using the [Sick Leave Credit Escrow Application \(ET-4305\)](#). This will help ensure that they have comparable coverage, and they will not lose their sick leave credits.

More detailed information is available in the [Sick Leave Conversion Credit Program Brochure \(ET-4132\)](#). For questions on escrowing sick leave credits or to obtain forms, you can direct employees to go online to [etf.wi.gov](http://etf.wi.gov) or call ETF toll-free at 877-533-5020.

## 205 Enrollment Opportunities

[Participants](#) who have escrowed their sick leave or have their sick leave preserved as provided for in statute may reenroll with any [health plan](#) without underwriting restrictions as follows. They do so by filing a [Sick Leave Credit Re-enrollment Application \(ET-4317\)](#) with ETF.

**205 A)** Those who have escrowed sick leave credits under Wis. Stat. § 40.05 (4) (b) and (be) may enroll during the yearly [open enrollment](#) period. Coverage is effective the first day of any month selected by the [participant](#) in the following year.

**205 B)** [Participants](#) with escrowed sick leave credits who lose eligibility for other coverage or the employer contribution towards the other coverage ceases, may elect coverage under any [health plan](#) by filing an application with ETF within 30 days of the loss of eligibility, or notice of loss of eligibility, and by providing evidence satisfactory to ETF of the loss of eligibility.

A [participant](#) enrolled for single coverage, though eligible for family coverage, may change to family coverage if any eligible [dependents](#) are covered under the other plan and lose eligibility for that coverage or the employer's contribution towards the other coverage ceases. The unrestricted enrollment opportunity is not available if a person remains eligible for coverage under a plan that replaces it without interruption of that person's coverage.

Coverage shall be effective on the date of termination of the prior plan or the date of the event. A full month's premium is due for that month if coverage is effective before the 16th of the month. Otherwise, the entire premium for that month is waived. See 403 in the [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#) for more information.

**205 C)** For the [participants](#) defined in Wis. Stat. § 40.02 (25) (b) (6e) and (6g), that is:

- 1) Any state employee who terminates creditable service after attaining 20 years of creditable service and is not eligible for an [immediate annuity](#) or
- 2) Any state constitutional officer, member or officer of the legislature, head of a state department or state agency who is appointed by the governor with senate confirmation, or head of a legislative service agency, whose sick leave has been preserved under Wis. Stat. § 40.05 (4) (bc), must start their WRS retirement benefit to use their sick leave credits. Coverage will begin on the first of the month following ETF's receipt of the [Group Health Insurance Application/Change for Retirees & COBRA Continuants \(ET-2331\)](#) unless otherwise specified on the application.

**205 D) Special employee enrollment opportunity (pre-retirement):** If an employee who deferred coverage wants to escrow or use sick leave credits in retirement, they must enroll in the [Access Plan](#) (non-HDHP) 30 days prior to retirement. After one month of employee coverage, they may cancel and escrow their sick leave credits or they may continue this coverage.

If the employee is not enrolled in the employer's coverage and has sick leave that may be converted to credits to pay for health insurance in retirement, we recommend that you reach out to the employee to discuss this so sick leave credits are not lost. If the employee is enrolled as a dependent under the Wisconsin Public Employers (WPE) Group Health Insurance Program through ETF, the Local Annuitant Health Program (LAHP) through ETF, or a non-ETF insurance plan, they must prepare in advance to be enrolled in state employer coverage. This could be done during open enrollment prior to retirement.

## 206 Member Communications

**206 A)** After the sick leave credit certification has been reviewed by ETF staff, the former employee will receive a *State Group Health Insurance Certification* (ET-4803) or a *Preserved Sick Leave Certification* (ET-4803a) by mail. This form includes the employee's total amount of sick leave credits, their total unused sick leave hours, and information about their health insurance continuation if applicable.

**206 B)** If the former employee has escrowed their sick leave credits, they will receive a letter (ET-2382) yearly prior to open enrollment. This letter includes additional information about the requirement to have comparable coverage while sick leave credits are escrowed. It also contains information about the upcoming open enrollment period.

**206 C)** Towards the end of the year, ETF mails annuitants and survivors an annual statement (ET-4562, ET-5511, or ET-5512) giving the account status and the current balance of their accumulated sick leave account. If the former employee is enrolled in health insurance at the time the statement is generated, it will also include an estimate of how long their sick leave credits will last based on their current health insurance premiums.

## **Chapter 3—Sick Leave Use for Permanent Layoffs**

**301** [Permanent Layoff](#)

**302** [Permanent Layoff Sick Leave Conversion Reference Chart](#)

### **301 Permanent Layoff**

For group health insurance purposes, a state employee whose employment is terminated due to permanent [layoff](#) is to be treated as if terminated for retirement purposes or on a leave of absence per Wis. Stat. § 40.02 (40) and § 40.05 (4) (bm), meaning that upon termination due to permanent layoff, health insurance coverage may be continued. In addition, all employees terminated due to permanent layoff are entitled to an additional three months of state contribution toward the health insurance premium. This is in addition to the premiums that have already been remitted in advance through normal payroll deduction.

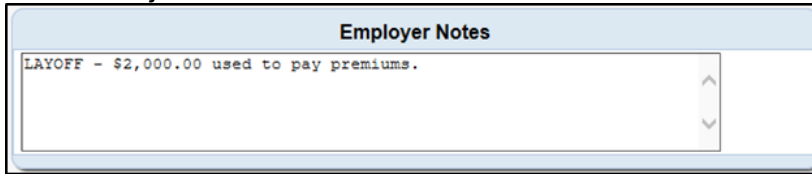
**301 A)** Conversion of Accumulated Sick Leave [Wis. Stat. § 40.05 (4) (b)] - This provision applies to a state employee terminated due to permanent layoff who:

- 1) Begins an immediate monthly annuity; or
- 2) Receives a lump sum annuity; or
- 3) Has 20 years of creditable service and **is eligible** to retire on an [immediate annuity](#) but delays application.

These state employees are eligible to convert accumulated sick leave under the provisions of ASLCC and SHICC as follows:

- 1) Accumulated unused sick leave is converted at the employee's **highest basic rate of pay** while employed by the state in WRS participating employment. Accumulated and supplemental sick leave is certified by the [employer](#) through the online system, AcSL. Upon receipt of the employer's certification of the converted sick leave, ETF will establish a sick leave account to be used for payment of health insurance premiums.
- 2) Sick leave may be used to fund the employee's premium contribution effective the first of the month following the date the layoff begins, if there is an employee contribution due, including the three additional months of employer paid premium as provided in Wis. Stat. § 40.05 (4)(a).
- 3) After the three additional months of state contribution toward premiums, the employer will certify the full unused sick leave balance to ETF along with a note stating the employee premium contribution that needs to be deducted from the employee's sick leave credits. ETF will adjust the member's account balance to deduct the employee premium contribution amount. The full amount of the premium will then be deducted by ETF from the sick leave credits until the credits are exhausted. See 401 E) for more information.
- 4) Under Wis. Stat. § 40.05 (4) (b), the employee may elect to delay using converted sick leave credits if the employee is covered under a comparable health insurance plan. Comparable health insurance means a plan or policy that provides hospital, pharmacy, and medical benefits substantially equivalent to those of the [Access Plan](#) established under Wis. Stat. § 40.52 (1). To delay using converted credits, the employee should submit the [Sick Leave Credit Escrow Application \(ET-4305\)](#) to ETF.

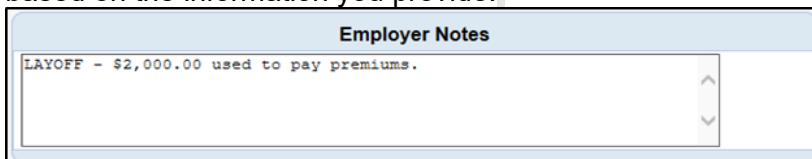
When creating a sick leave certification for the employee, enter the full amount of Accumulated Sick Leave and SHICC the employee had **at the time of layoff**. In the “Employer Notes” field, please indicate “LAYOFF,” as well as the dollar amount of sick leave credits used through the employer to pay the employee share of health insurance premiums. ETF will adjust the sick leave balance based on the information you provide.



**01 B)** Conversion of Accumulated Sick Leave [Wis. Stat. § 40.05 (4) (bc)] - This provision applies to a state employee terminated due to permanent layoff (or a state employee otherwise terminated, e.g., for retirement purposes) who:

- 1) Has attained 20 years of creditable service,
  - a) Remains a [participant](#) (does not take a separation benefit from the WRS), and
- 2) Is not eligible for an immediate annuity due to not being minimum retirement age, i.e., age 55 (age 50 for protective occupations).
  - a) Once eligible to apply for a monthly retirement annuity or lump sum retirement annuity, these state employees are eligible to convert accumulated sick leave under the provisions of the ASLCC program and, if eligible, the SHICC program, effective the date on which ETF receives the employee’s retirement application as follows:
    - i) Accumulated unused sick leave is converted at the employee’s **highest basic rate of pay** while employed by the state. Accumulated and Supplemental sick leave is certified by the employer through the online Accumulated Sick Leave system (AcSL). Upon receipt of the employer’s certification of the converted sick leave, ETF will establish a sick leave account to be used for payment of health insurance premiums.
- 3) At the request of the employee, the employer must convert accumulated sick leave to fund the employee’s premium contribution, if any, effective the first of the month following the date the layoff begins under the provisions of Wis. Stat. § 40.05 (4) (a) 3. After the three additional months of state contribution toward premiums, the employer will certify the remaining unused sick leave balance to ETF through the online Accumulated Sick Leave system (AcSL), unless the employee requests the employer continue converting accumulated sick leave under Wis. Stat. § 40.05 (4) (bm) [refer to C on the next page].
  - a) An employee covered under a comparable [health plan](#) with sick leave [preserved](#) under Wis. Stat. § 40.05 (4) (bc), may elect, at the time they are eligible for an annuity and submit a retirement application, to delay using the converted sick leave credits per Wis. Stat. § 40.05 (4) (b). Comparable health insurance means a plan or policy that provides hospital, pharmacy, and medical benefits that are substantially equivalent to the Access Plan established under Wis. Stat. § 40.52 (1).

When creating a sick leave certification for the employee, enter the full amount of Accumulated Sick Leave and SHICC the employee had **at the time of layoff**. In the “Employer Notes” field, please indicate “LAYOFF,” as well as the dollar amount of sick leave credits used through the employer to pay the employee share of health insurance premiums. ETF will adjust the sick leave balance based on the information you provide.



**301 C) Conversion of Accumulated Sick Leave Wis. Stat. § 40.05 (4)(bm) - This provision applies to a state employee terminated due to permanent layoff, including those who are:**

- a) not eligible for an immediate annuity; or
- b) eligible to begin an immediate annuity with fewer than 20 years of creditable service but defer application.

**Note:** Accumulated and supplemental sick leave **are not** certified by the employer through AcSL for employees only eligible for sick leave conversion under Wis. Stat. § 40.05 (4) (bm), i.e., termination due to permanent layoff. The use of sick leave conversion under Wis. Stat. § 40.05 (4) (bm), during layoff is the record keeping and funding responsibility of the employing agency. The employee premium is to be remitted to ETF in the same manner as other active employees participating in the Group Health Insurance Program.

The employees listed above may request that the employer convert their accumulated sick leave for the purpose of paying health insurance premiums, as detailed below.

It is the employer's responsibility to notify employees subject to permanent layoff of the following provisions:

- 1) Upon request, between the date on which the employee receives notice of layoff and the actual layoff date, accumulated unused sick leave may be converted by the employing agency at the employee's **highest basic rate of pay** while employed by the state, for payment of health insurance premiums.
- 2) Sick leave may be used to fund the employee's premium contribution effective the first of the month following the date the layoff begins. After the three additional months of state contribution toward the premiums, the employee is responsible for the full employee and employer premium, although sick leave credits may be converted by the employer to pay the entire cost.
- 3) An employee using sick leave credits under this provision that returns to state employment and is eligible for reinstatement will have any unused sick leave hours reinstated.
- 4) The full amount of the required premium shall be deducted from the credits until the first of the following occurs. Taking a retirement benefit does not end access to these sick leave credits.
  - a) The credits are exhausted;
  - b) The employee accepts other employment with a comparable health insurance policy or plan (even if the employee declines the coverage). This coverage ends the first of the month following the date of other employment; or
  - c) Five years" elapse from the layoff date.

Health insurance continuation coverage (in compliance with COBRA) using the [Continuation - Conversion Notice \(ET-2311\)](#) must be offered when the available sick leave premium contribution ends. Refer to Chapter 9 in the [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#) for more information.

### 302 Permanent Layoff Sick Leave Conversion Reference Chart

This chart provides information regarding sick leave conversion at the time of an employee’s permanent layoff (based upon employee status at the time of termination).

| Employee status at time of permanent layoff.   | Statutory Reference            | State Health Contribution  | ASLCC Program  | SHICC Program  | Administrative Responsibility  |
|--|--------------------------------|--|--|--|--|
| 1. Begins immediate annuity or annuity lump sum. [§40.25 (1)]  | §40.05(4)(a)3<br>§40.05(4)(b)  | Up to one month prepaid plus additional 3 months. (For example, STAR agencies should provide current month plus 3 months. For agencies that prepay, they should provide a current month, prepaid month plus 3 months.)   | Sick leave converted upon layoff. Employee can choose to use sick leave to pay the employee premium contribution during the three additional months of employer paid premium, effective the 1st of the month following the date the layoff begins. Remaining sick leave will be certified to ETF and used once the employer’s obligation under §40.05(4)(a)3 has been met unless escrowed according to § 40.05 (4)(b). | Available after ASLCC is exhausted if the employee has 15 or more full years of adjusted continuous state service. Other DPM regulations apply.  | Employing agency pays premiums for 3 months after layoff (not including prepaid months) as though an active employee.<br>Employing agency certifies the employee’s remaining accumulated sick leave through the on-line system, AcSL. ( <i>Instructions located in Chapter 4</i> )<br>ETF deducts full amount of premium until sick leave credits are exhausted.                       |
| 2. Eligible for an immediate annuity with less than 20 years of WRS creditable service but defers application. | §40.05(4)(a)3<br>§40.05(4)(bm) | <ul style="list-style-type: none"> <li>Up to 1 month prepaid plus additional 3 months.</li> <li>If requested, employing agency converts sick leave for health insurance until:</li> <li>Credits are exhausted;</li> <li>1st of month following employee’s acceptance of other employment with a comparable health insurance plan or policy; or</li> <li>5 years have elapsed; whichever occurs first.</li> </ul> | Any remaining sick leave after §40.05(4) (bm) use for the employee premium contribution for the first three months, effective the first of the month following the date the layoff begins, is lost unless employee reinstates into state service within five years.  | Available after ASLCC is exhausted if the employee has 15 years or more of adjusted continuous state service. Other DPM regulations apply. Any remaining credits after the five-year limit under §40.05 (4) (bm) are lost. | <ul style="list-style-type: none"> <li>Employing agency pays premiums for three months after layoff as though employee is an active employee.</li> <li>Employing agency converts sick leave and submits health insurance premiums to ETF as though an active employee.</li> <li>Employing agency responsible for administration, funding and monitoring sick leave balance.</li> </ul> |

| Employee status at time of permanent layoff.  | Statutory Reference            | State Health Contribution   | ASLCC Program   | SHICC Program   | Administrative Responsibility   |
|---|--------------------------------|---|---|---|---|
| 3. Eligible for an immediate annuity with 20 or more years of WRS creditable service, but defers application. | §40.05(4)(a)3<br>§40.05(4)(b)  | Up to one month prepaid plus additional three months. (For example, STAR agencies should provide current month plus 3 months. For agencies that pre-pay, they should provide a current month, prepaid month plus 3 months.)   | Sick leave converted upon layoff. Employee can choose to use sick leave to pay the employee premium contribution during the three additional months of employer paid premium, effective the first of the month following the date the layoff begins. Remaining sick leave will be certified to ETF and used once the employer's obligation under §40.05 (4) (a) 3 has been met unless escrowed according to §40.05 (4) (b). | Available after ASLCC is exhausted if the employee has 15 years of adjusted continuous state service. Other DPM regulations apply.  | <ul style="list-style-type: none"> <li>Employing agency pays premiums for three months after layoff (not including prepaid months) as though an active employee.</li> <li>Employing agency certifies the employee's remaining accumulated sick leave through the online system AcSL. (<i>Instructions located in Chapter 4.</i>)</li> <li>ETF deducts full amount of premium until sick leave credits are exhausted.</li> </ul> |
| 4. Not eligible for immediate annuity with fewer than 20 years of creditable service.                         | §40.05(4)(a)3<br>§40.05(4)(bm) | Up to one month prepaid plus additional three months. If requested, employing agency converts sick leave for health insurance until: <ul style="list-style-type: none"> <li>Credits are exhausted;</li> <li>First of month following employee's acceptance of other employment with a comparable health insurance plan or policy; or</li> <li>Five years have elapsed, whichever occurs first.</li> </ul> | Any remaining sick leave after §40.05 (4) (bm) use is lost unless employee reinstates into state service within five years.   | Available after ASLCC is exhausted if the employee has 15 years of adjusted continuous state service. Other DPM regulations apply. Any remaining credits after §40.05(4) (bm) use are lost. | <ul style="list-style-type: none"> <li>Employing agency pays premiums for 3 months after layoff (not including prepaid months) as though an active employee.</li> <li>Employing agency converts sick leave and submits health insurance premiums to ETF as though an active employee.</li> <li><i>Employing agency responsible for administration, funding and monitoring sick leave balance.</i></li> </ul>                    |

| Employee status at time of permanent layoff.  | Statutory Reference                               | State Health Contribution   | ASLCC Program  | SHICC Program  | Administrative Responsibility  |
|---|---|---|--|--|--|
| 5. Ineligible for an immediate annuity with 20 or more years of WRS creditable service. | §40.05(4)(a)3<br>§40.05(4) (bm)<br>§40.05(4) (bc) | <ul style="list-style-type: none"> <li>• Up to one month prepaid plus additional three months.</li> <li>• If requested, employing agency converts sick leave for health insurance until:               <ul style="list-style-type: none"> <li>* credits are exhausted;</li> <li>* first of month following employee's acceptance of other employment with a comparable health insurance plan or policy; or</li> <li>* five years have elapsed; whichever occurs first.</li> </ul> </li> </ul> | <p>Sick leave converted upon layoff. Employee can choose to use sick leave to pay the employee premium contribution during the three additional months of employer paid premium, effective the 1st of the month following the date the layoff begins.</p> <p>After the three additional months of employer contribution:</p> <ol style="list-style-type: none"> <li>1. Employing agency certifies any remaining sick leave through the online system AcSL to be preserved by ETF until the employee applies for a retirement benefit; or</li> <li>2. Employee requests to continue using converted sick leave to pay for premiums through the employer until credits are exhausted, the 1st of the month following employee's acceptance of other employment with a comparable health insurance plan or policy; or five years have elapsed; whichever occurs first. Employing agency then certifies any remaining sick leave through the online system AcSL to be preserved by ETF until the employee applies for a retirement benefit.</li> </ol> | Available after ASLCC is exhausted if the employee has 15 years of adjusted continuous state service. Other DPM regulations apply. | <ul style="list-style-type: none"> <li>• Employing agency pays premiums for 3 months after layoff (not including prepaid months). Employee can choose to use converted sick leave to pay any employee share of premiums.</li> <li>• Employer reports employee to ETF as though an active employee.</li> </ul> <p>Then:</p> <ul style="list-style-type: none"> <li>• Employing agency certifies any remaining sick leave through the online system AcSL to be preserved by ETF for conversion upon receipt of retirement application. <i>(Instructions located in Chapter 4)</i></li> <li>• Employing agency responsible for administration, funding and monitoring sick leave balance during any period when the employee is using these credits to pay the premiums while still covered as an active employee.</li> </ul> |



**Department of Employee Trust Funds  
Sick Leave Conversion Program Employer**

---

## Chapter 4 - Accumulated Sick Leave System (AcSL)

- 401 [Certifying Credits through the Online Accumulated Sick Leave System \(AcSL\)](#)
- 402 [Dashboards in the Online Accumulated Sick Leave System \(AcSL\)](#)
- 403 [Generating a Sick Leave Credit Estimate through the Online Accumulated Sick Leave System \(AcSL\)](#)

### 401 Certifying Credits through the Online Accumulated Sick Leave System (AcSL)

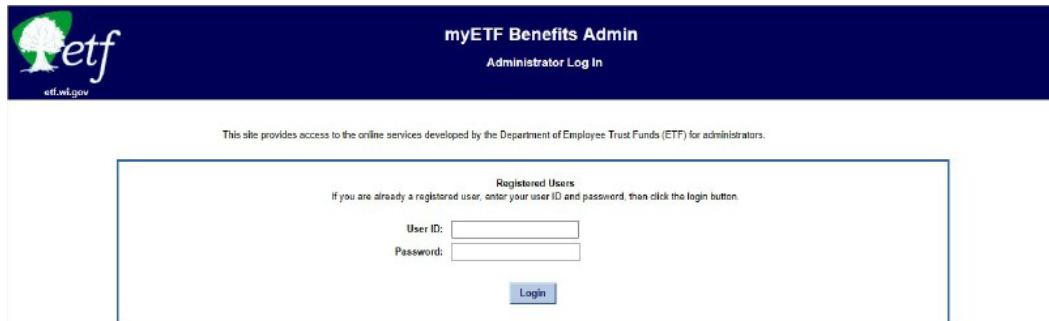
An [employer](#) must certify accumulated and supplemental sick leave credits through the AcSL system within 30 days after an employee's termination. Certify credits for each employee terminating from WRS- participating state service who:

- 1) Is age 55 or older (age 50 if protective occupation);
- 2) Has applied for disability retirement benefits under Wis. Stat. §40.63 or duty disability benefits under Wis. Stat. §40.65;
- 3) Has died;
- 4) Is a [public official](#) (qualifies for delayed sick leave usage under 1991 Wisconsin Act 39 [Public Official]); or
- 5) Is terminating after 20 years of service but is not eligible for an [immediate annuity](#) (qualifies for delayed sick leave usage under 2003 Wisconsin Act 33).
- 6) If a member is terminated due to gross misconduct, submit a balance of \$0.

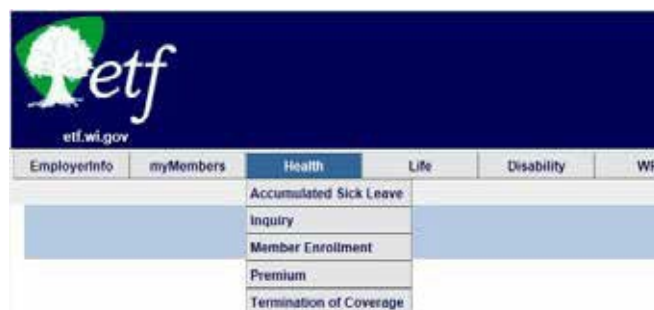
#### 401 A) Access

Employers can access AcSL through the myETF Benefits for Administrators menu.

- 1) Log in to myETF Benefits with your user ID and password.

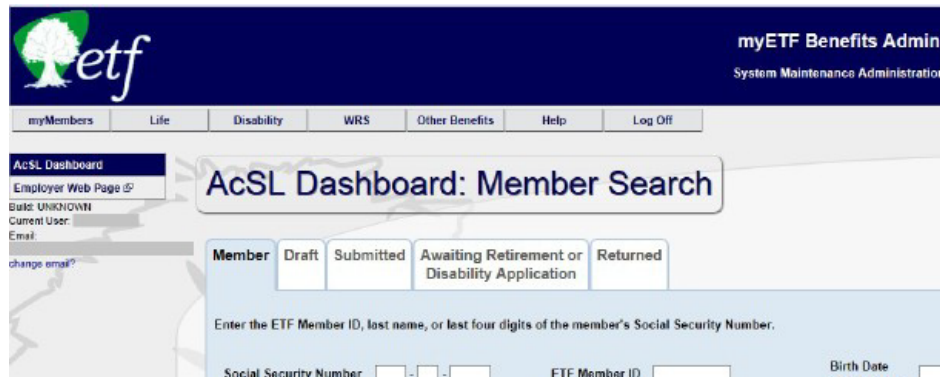


- 2) Under the "Health" tab, choose the option "Accumulated Sick Leave."

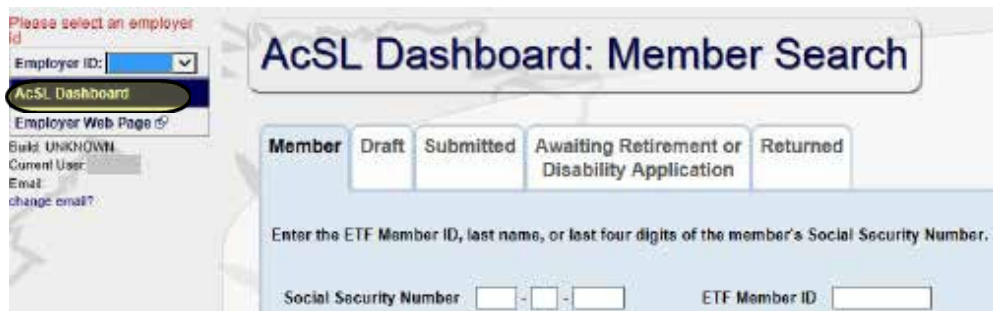


## 401 B) Menu

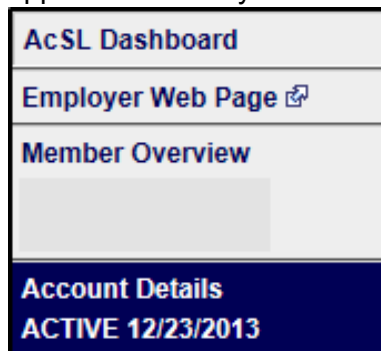
- 1) The AcSL menu will appear on the left-hand side of your screen. Initially, the menu only provides you with two options: AcSL Dashboard and Employer Web Page.



**Note:** If you are an employer with access to submit on behalf of multiple Employer IDs, you must select the appropriate Employer ID from the drop-down box.



- 2) As you begin the process of entering a sick leave certification, additional menu options appear. Select any of the available menu options at any time to navigate to that screen.



## 401 C) Member Search

- 1) Search for the member with the Social Security number (minimum last four), ETF Member ID or Last Name/First Name.
- 2) Click “*Search for Member*” to initiate the search.

- 3) Verify the employee and click on “*View Member Information.*”
- 4) You can sort the results by utilizing the sort function next to the field name.

| Last Name | First Name | Middle Name | Social Security Number | ETF Member ID | DOB        | City      | State | Action                                  |
|-----------|------------|-------------|------------------------|---------------|------------|-----------|-------|---|
| Doe       | John       | J           | 9999                   | 99999999      | 01/01/1851 | Madison   | WI    | <a href="#">View Member Information</a> |
| Doe       | Jane       | J           | 8888                   | 11111111      | 01/01/1111 | Stoughton | WI    | <a href="#">View Member Information</a> |

## 401 D) Sick Leave Certification Entry

- 1) Click “Start New Certification.”

- 2) Fill in the termination date and choose the reason for termination from the drop-down menu.
  - a. The termination date must be formatted as mm/dd/yyyy. The termination date can neither be blank nor in the future or you will receive an error message.
  - b. The termination reason cannot be blank.

- 3) Click “Next.”

**Note:** If the termination reason is “Retirement” or “Death” the member **must** have active health insurance coverage under the State Group Health Insurance Program in order for the sick leave credits to be certified.

- a. You will receive the following error message if the employee is not currently covered under the State Group Health Insurance Program.

• [Member must have health coverage on termination date to proceed.]

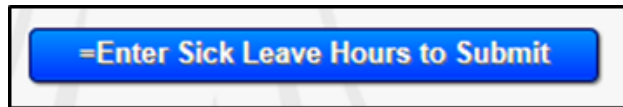
- b. If you believe this message is in error, please contact ETF for assistance.
- c. If a preserved sick leave account is on file, you will receive the following message:

- 4) You **must choose one** of the following:
  - a. “This sick leave certification should override and replace the previous sick leave certification.”
    - i. “**Override and replace**” should be used for situations where the employee returns to WRS participating state employment within a valid reinstatement period and had their remaining sick leave balance from the previous period of employment added to the starting leave balance for the current period of state employment. See 501
  - b. “The sick leave hours on this certification should be combined with those reported on the previous sick leave certification.”
    - i. “**Combined**” should be used for situations where an employee returned to WRS participating state employment outside of a valid reinstatement period and wasn’t eligible to receive their remaining sick leave balance from the previous period of state employment. The certification that you submit should contain only the hours earned in the current period of participating employment.

- 5) Then click “Next” to proceed.

## 401 E) Entering Sick Leave Hours for Submission

- 1) Click “Enter Sick Leave Hours to Submit” at the bottom of the screen.



- 2) Enter all the necessary employee information.
  - a. **For UW Employers Only** – Employers certifying sick leave on behalf of UW employees are required to answer the following question:

|  |
|--|
| Was the employee an academic year faculty, academic staff or limited appointee at the time of termination or retirement? <input type="radio"/> YES <input checked="" type="radio"/> NO |
|--|

*For more specific details on academic staff and the required information that may be needed for these certifications, please contact UW System Human Resources.*

| Termination Information       |                                 |
|-------------------------------|---------------------------------|
| Select employer from list     | EMPLOYEE TRUST FUNDS, DEPT OF ▼ |
| Termination Date (MM/DD/YYYY) | 01/01/2020                      |
| Reason for Termination ?      | Retirement Eligible ▼           |

| Accumulated Leave (ASLCC) Information           |               |
|---|---------------|
| Unused Sick Leave Hours                         | 0.00          |
| Other Creditable Leave Hours                    | 0.00          |
| Highest Basic Hourly Pay Rate as State Employee | 0.000         |
| ASLCC Total                                     | <b>\$0.00</b> |

| 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)<br>Note: Do not use the WRS Service Date.                     |                          |
| Bargaining Unit  |                          |
| Years of Service in General/Executive Category<br>WITHIN THE FIRST 24 YEARS  | 0                        |
| Years of Service in Protective Category<br>WITHIN THE FIRST 24 YEARS   | 0                        |
| Years of Service in Excess of 24 Years   | 0                        |
| Full Years of Service/Seniority  | 0                        |
| SHICC Eligible Hours   | 0.00                     |
| SHICC, 500 Hour Restoration  | <input type="checkbox"/> |
| SHICC Total  | <b>\$0.00</b>            |

| Grand Total         |               |
|---------------------|---------------|
| Certification Total | <b>\$0.00</b> |

Save Draft

Submit to ETF

Delete Certification

| Field Name  | Instructions   |
|---|--|
| Unused Sick Leave Hours   | Required field.  |
| Other Creditable Leave Hours  | Optional field. Must reflect the number of hours of sabbatical or unused vacation that eligible employees elect to convert pursuant to a collective bargaining agreement under subchapter V of Wis. Stats. Chapter 111. This field will be very rarely used. |
| Highest Basic Hourly Pay Rate as State Employee                           | Required field.  |
| Seniority Date  | Required field. Date must be formatted as MM/DD/YYYY.  |
| Bargaining Unit   | Optional field.  |
| Years of Service in General/ Executive Category within the First 24 Years | The combined total of the value entered in this field and the “Years of Service in Protective Category” field must equal the lesser of 24 years or the value in “Full Years of Service.”   |
| Years of Service in Protective Category within the First 24 Years         | The combined total of the value(s) entered in this field and the “Years of Service in General/Executive Category” field must equal the lesser of 24 years or the value in “Full Years of Service.”   |
| “Full Years of Service/Seniority”   | Automatically calculates based on the term date and seniority date that were entered.  |
| SHICC Eligible Hours  | Enter the total sick leave hours eligible for SHICC.   |
| SHICC, 500 Hour Restoration   | This field is only available if the retiree is eligible for SHICC. Checking the box automatically adds 500 hours to the certification.   |

- 3) The certification contains a field for “*Employer Notes*” to be used for your reference, to share info with ETF, etc. These notes will stay with the certification in AcSL but will *not* appear on the printed certification.

Indicate the following in the Employer Notes area:

- a. If this employee was not eligible for SHICC (i.e. Craftsworker),
- b. If this retiree’s spouse is a State employee and will be picking up active health coverage due to loss of coverage.
- c. If the employee is subject to an academic year exception.
- d. If the employee with preserved sick leave has returned to work and their sick leave hours will be restored to them. Enter a note when you submit a cert for \$0.
- e. If this employee was part of a permanent [layoff](#) but has decided to retire instead. Please include the amount of premiums that were paid for by sick leave.

**Employer Notes**

- 4) If you need to save the certification for completion later, click “*Save Draft*.”



- 5) If you have finished the certification, click “*Submit to ETF.*”



**Note:** If you have restricted access, you will not see the “*Submit to ETF*” button. You must click on “*Submit for Review*” to send the certification to your central payroll office for review. Your central payroll office will then submit the certification to ETF.

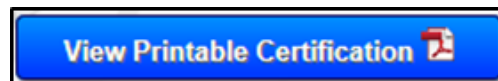


#### 401 F) ETF Review and Acceptance/Rejection of Certification


- 1) Once you submit the certification, ETF will review it and then either **approve** the certification and set up a sick leave account or reach out to have it amended.
  - a. While in *Draft* status, you can change the certification values as often as needed before submitting to ETF.
  - b. Once you “*Submit to ETF*” the values are *frozen*. If you determine that something needs to change, you will need to amend the certification.
- 2) In some situations, ETF may reach out to the employer to have the cert amended (e.g., missing information or incorrect amounts).
  - a. If the employee is not vested or employee did not take an immediate annuity, etc., ETF will close the sick leave certification due to ineligibility.
- 3) ETF regularly audits the sick leave programs and sick leave accounts and reserves the right to make changes at any point in the future if further information is discovered. This may result in the employee losing credits that have already been certified.

#### 401 G) Printing a Certification

- 1) Once a certification has been submitted, you can print a copy. Choose “View Certification” from the Member Info Overview page and select the “View Printable Certification” button. You can keep a copy of the certification for your records or give it to the employee.



401 H) Example of PDF:

|    | <b>STATE OF WISCONSIN</b><br><b>Department of Employee Trust Funds</b><br>Robert J. Conlin<br>SECRETARY | 801 W Badger Rd<br>PO Box 7931<br>Madison WI 53707-7931<br><br>1-877-533-6020 (toll free)<br>Fax (608) 267-4549<br>TTY (608) 267-0676<br><a href="http://etf.wi.gov">http://etf.wi.gov</a> |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
|---|---|--|---|------|-------------------------|--------------------------------|------------------------|---------|-------------------------------|------------|---------------------|---------------------|-------------------|--|--|------|------------------|---|--------------------|---------------------|--|---|--|---------------------------------|-------|--|----------------------|--------|--|-----------------------------|------|--|--------------------|---------------------|--|-------------|--|--|----------------------------|---------------------|--|
|   | <b>SICK LEAVE CREDIT CERTIFICATION</b><br>Submitted -01/08/2014   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| <table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Employee Information</th> </tr> <tr> <td>Member Name</td> <td></td> </tr> <tr> <td>Member SSN</td> <td>XXX-XX-</td> </tr> <tr> <td>Member ID</td> <td></td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Gender</td> <td>MALE</td> </tr> <tr> <td>Termination Date</td> <td>05/31/2013</td> </tr> <tr> <td>Termination Reason</td> <td>Retirement Eligible</td> </tr> </table>  |   |  | Employee Information                        |      | Member Name             |                                | Member SSN             | XXX-XX- | Member ID                     |            | Birth Date          |                     | Address           |  | Gender   | MALE | Termination Date | 05/31/2013  | Termination Reason | Retirement Eligible |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Employee Information  |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Member Name   |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Member SSN  | XXX-XX-   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Member ID   |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Birth Date  |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Address   |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Gender  | MALE  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Termination Date  | 05/31/2013  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Termination Reason  | Retirement Eligible   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| <table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Health Plan at Date of Termination</th> </tr> <tr> <td>Health Plan Carrier</td> <td>UNITY UW HEALTH</td> </tr> <tr> <td>Coverage Type</td> <td>FAMILY</td> </tr> <tr> <td>Group Number</td> <td>83445</td> </tr> <tr> <td>Coverage Begin Date</td> <td>01/01/2009</td> </tr> <tr> <td>Coverage End Date</td> <td></td> </tr> <tr> <td>Plan Subscriber</td> <td></td> </tr> </table>  |   |  | Health Plan at Date of Termination          |      | Health Plan Carrier     | UNITY UW HEALTH                | Coverage Type          | FAMILY  | Group Number                  | 83445      | Coverage Begin Date | 01/01/2009          | Coverage End Date |  | Plan Subscriber  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Health Plan at Date of Termination  |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Health Plan Carrier   | UNITY UW HEALTH   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Coverage Type   | FAMILY  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Group Number  | 83445   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Coverage Begin Date   | 01/01/2009  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Coverage End Date   |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Plan Subscriber   |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| <table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Accumulated Leave (ASLCC) Information</th> </tr> <tr> <td>Unused Sick Leave Hours</td> <td style="text-align: right;">500.00</td> </tr> <tr> <td>Other Creditable Hours</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Highest Basic Hourly Pay Rate</td> <td style="text-align: right;">\$ 50.00</td> </tr> <tr> <td><b>ASLCC Total</b></td> <td style="text-align: right;"><b>\$ 25,000.00</b></td> </tr> </table>   |   |  | Accumulated Leave (ASLCC) Information       |      | Unused Sick Leave Hours | 500.00                         | Other Creditable Hours | 0.00    | Highest Basic Hourly Pay Rate | \$ 50.00   | <b>ASLCC Total</b>  | <b>\$ 25,000.00</b> |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Accumulated Leave (ASLCC) Information   |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Unused Sick Leave Hours   | 500.00  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Other Creditable Hours  | 0.00  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Highest Basic Hourly Pay Rate   | \$ 50.00  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| <b>ASLCC Total</b>  | <b>\$ 25,000.00</b>   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| <table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Employer Information</th> </tr> <tr> <td>Employer Name</td> <td>UNIVERSITY OF WISCONSIN SYSTEM</td> </tr> <tr> <td>Submitted by</td> <td>ButtcT</td> </tr> <tr> <td>Submitted date</td> <td>01/08/2014</td> </tr> </table>   |   |  | Employer Information                        |      | Employer Name           | UNIVERSITY OF WISCONSIN SYSTEM | Submitted by           | ButtcT  | Submitted date                | 01/08/2014 |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Employer Information  |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Employer Name   | UNIVERSITY OF WISCONSIN SYSTEM  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Submitted by  | ButtcT  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Submitted date  | 01/08/2014  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| <table border="1" style="width: 100%;"> <tr> <th colspan="3" style="text-align: center;">Supplemental Sick Leave (SHICC) Information</th> </tr> <tr> <td>Seniority Date</td> <td style="text-align: right;">06/01/1998</td> <td></td> </tr> <tr> <td>Academic Year Employee?</td> <td style="text-align: right;">No</td> <td></td> </tr> <tr> <td>Bargaining Unit</td> <td></td> <td></td> </tr> <tr> <td>Years of Service in General/Executive Category (within the first 24 years)</td> <td style="text-align: right;">15</td> <td></td> </tr> <tr> <td>Years of Service in Protective Category (within the first 24 years)</td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Years of Service in Excess of 24 years</td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Full Years of Service/Seniority</td> <td style="text-align: right;">15.00</td> <td></td> </tr> <tr> <td>SHICC Eligible Hours</td> <td style="text-align: right;">500.00</td> <td></td> </tr> <tr> <td>SHICC, 500 Hour Restoration</td> <td style="text-align: right;">0.00</td> <td></td> </tr> <tr> <td><b>SHICC Total</b></td> <td style="text-align: right;"><b>\$ 25,000.00</b></td> <td></td> </tr> <tr> <th colspan="3" style="text-align: center;">Grand Total</th> </tr> <tr> <td><b>Certification Total</b></td> <td style="text-align: right;"><b>\$ 50,000.00</b></td> <td></td> </tr> </table> |   |  | Supplemental Sick Leave (SHICC) Information |      |                         | Seniority Date                 | 06/01/1998             |         | Academic Year Employee?       | No         |                     | Bargaining Unit     |                   |  | Years of Service in General/Executive Category (within the first 24 years) | 15   |                  | Years of Service in Protective Category (within the first 24 years) | 0                  |                     | Years of Service in Excess of 24 years | 0 |  | Full Years of Service/Seniority | 15.00 |  | SHICC Eligible Hours | 500.00 |  | SHICC, 500 Hour Restoration | 0.00 |  | <b>SHICC Total</b> | <b>\$ 25,000.00</b> |  | Grand Total |  |  | <b>Certification Total</b> | <b>\$ 50,000.00</b> |  |
| Supplemental Sick Leave (SHICC) Information   |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Seniority Date  | 06/01/1998  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Academic Year Employee?   | No  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Bargaining Unit   |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Years of Service in General/Executive Category (within the first 24 years)  | 15  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Years of Service in Protective Category (within the first 24 years)   | 0   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Years of Service in Excess of 24 years  | 0   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Full Years of Service/Seniority   | 15.00   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| SHICC Eligible Hours  | 500.00  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| SHICC, 500 Hour Restoration   | 0.00  |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| <b>SHICC Total</b>  | <b>\$ 25,000.00</b>   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Grand Total   |   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| <b>Certification Total</b>  | <b>\$ 50,000.00</b>   |  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th>Status</th> <th>Date</th> <th>User</th> </tr> </thead> <tbody> <tr> <td>Submitted</td> <td>1/8/14 12:34 PM</td> <td>ButtcT</td> </tr> </tbody> </table>  |   |  | Status                                      | Date | User                    | Submitted                      | 1/8/14 12:34 PM        | ButtcT  |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Status  | Date  | User   |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Submitted   | 1/8/14 12:34 PM   | ButtcT   |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |
| Generated on 05/13/2014   |   | ET-4563 (REV 11/2012)  |   |      |                         |                                |                        |         |                               |            |                     |                     |                   |  |  |      |                  |   |                    |                     |  |   |  |                                 |       |  |                      |        |  |                             |      |  |                    |                     |  |             |  |  |                            |                     |  |



#### 401 I) Amended Certification vs. New Certification

- 1) **Creating a New Certification:** If there are additional sick leave hours to report (That is, when an employee who retired and had his/her hours reported to ETF returns to work as a rehired [annuitant](#), becomes a participating WRS employee, and then retires again. The sick leave earned during that second period of employment should be reported on a *new* certification.)

**Note:** Only hours earned as a participating employee in the WRS are eligible for conversion upon *re-retirement*. Hours earned as a non-participating employee are not convertible on re-retirement because no employer contributions have been paid on sick leave earned in non-participating status.

- 2) **Amending:** If you determine that **any** value (term date, term reason, ASLCC hours or pay rate, SHICC seniority date, etc.) originally keyed was incorrect and needs to be changed, make an amendment as follows.

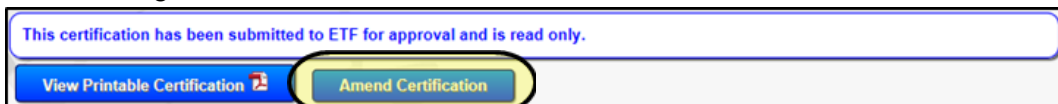
#### 401 J) Amending a Certification

A certification can be amended (corrected) after it has been submitted to ETF.

- 1) To amend a certification, click, “View/Amend Certification”, located to the right of the submitted sick leave certification (This button will **not** appear until a certification has been submitted to ETF.)



- 2) Any field on a certification can be amended. At the top of the screen, you will see a statement regarding the status of the certification. Choose “Amend Certification” to make changes.



- 3) Indicate “Yes” if you want to amend the certification.



- a. You can amend a certification as many times as needed. The print version of an amended certification will also display “This is an AMENDED certification” at the top of the page and in the status tracking at the bottom of the right-hand side of the form.

Example on next page.

This certification has been saved as a draft.

This is an AMENDED certification.

Was the employee an academic year faculty, academic staff or limited appointee at the time of termination or retirement?  YES  NO

### Termination Information

|                              |  |
|------------------------------|--|
| Employer ID                  | UNIVERSITY OF WISCONSIN SYSTEM (0001131) |
| Termination Date (MMDD/YYYY) | 07/08/2013                               |
| Reason for Termination       | Retirement Eligible                      |

### Accumulated Leave (ASLCC) Information

|   |          |
|---|----------|
| Unused Sick Leave Hours                         | 3.05     |
| Other Creditable Leave Hours                    | 0.00     |
| Highest Basic Hourly Pay Rate as State Employee | 40.457   |
| ASLCC Total                                     | \$123.39 |

### 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 (MMDD/YYYY)<br><small>Note: Do not use the WRS Service Date.</small> |        |
| Bargaining Unit  |        |
| Years of Service in General/Executive Category<br>WITHIN THE FIRST 24 YEARS  | 0      |
| Years of Service in Protective Category<br>WITHIN THE FIRST 24 YEARS   | 0      |
| Years of Service in Excess of 24 Years   | 0      |
| Full Years of Service/Seniority  | 0      |
| SHICC Eligible Hours   | 0.00   |
| SHICC, 500 Hour Restoration  | 0.00   |
| SHICC Total  | \$0.00 |

### Grand Total

|                     |          |
|---------------------|----------|
| Certification Total | \$123.39 |
|---------------------|----------|

b. Any field the employer has entered on the certification can be amended.

4) If you need to save the amended certification for completion later, click “Save Draft.”



5) Once you have finished amending the certification, click “Submit to ETF.”



**Note:** If you have restricted access, you will not see the “Submit to ETF” button. You must click on “Submit for Review” to send the certification to your central payroll office for approval.



## 402 Dashboards in the Online Accumulated Sick Leave System (AcSL)

There are various dashboards in AcSL that keep track of the certifications you may be working on.

### 402 A) Dashboard Tabs

#### Member Tab:

- 1) There are multiple tabs on the AcSL Dashboard page. The first is labeled “*Member Search*,” where you search for your employees.



The other tabs serve as a work queue to help employers track their certifications. At any time, an employer can view certifications in any of the following statuses:

### 402 B) “Draft” Certifications:

- 1) “Draft” Certifications are those the employer started but has not finished.
- 2) Also includes certifications keyed by employers with *Restricted Access* that have been “submitted for review” for their central payroll office.
  - a) An employer representative with *Full Access* needs to open these certifications, review them, and then choose “*Submit to ETF*.”

| Member Search          | Draft         | Submitted   | Awaiting Retirement or Disability Application | Returned   |            |       |                           |
|------------------------|---------------|-------------|---|------------|------------|-------|---------------------------|
| Social Security Number | ETF Member ID | Member Name | Updated Reason                                | Created On | Updated By | Notes | Action                    |
| 92                     | 1042          |             |   | 09/03/2013 | P.         |       | Edit/Delete Certification |
| 47                     | 1101          |             |   | 01/08/2014 | ma         |       | Edit/Delete Certification |
| 31                     | 10231         |             |   | 01/08/2014 | ma         |       | Edit/Delete Certification |
| 59                     | 10086         |             |   | 12/23/2013 | ma         |       | Edit/Delete Certification |
| 20                     |               |             |   | 12/05/2013 | P.         |       | Edit/Delete Certification |

### 402 C) “Submitted” Certifications:

- 1) “Submitted” Certifications are those the employer submitted to ETF but have not been reviewed and accepted.

| Member Search          | Draft         | Submitted   | Awaiting Retirement or Disability Application | Returned   |            |       |                    |
|------------------------|---------------|-------------|---|------------|------------|-------|--------------------|
| Social Security Number | ETF Member ID | Member Name | Updated Reason                                | Created On | Updated By | Notes | Action             |
| 47                     | 1041          |             |   | 01/08/2014 | Bu         |       | View Certification |
| 27                     | 100           |             |   | 12/23/2013 | ma         |       | View Certification |
| 59                     | 1008          |             |   | 01/29/2014 | ma         |       | View Certification |
| 81                     | 1021          |             |   | 01/30/2014 | C.         |       | View Certification |
| 63                     | 1032          |             |   | 02/04/2014 | C.         |       | View Certification |

### 402 D) “Awaiting Retirement or Disability Application”:

- 1) ETF is waiting for additional information from the employee before we can approve the certification..

| Member Search          | Draft         | Submitted   | Awaiting Retirement or Disability Application | Returned   |            |       |                    |
|------------------------|---------------|-------------|---|------------|------------|-------|--------------------|
| Social Security Number | ETF Member ID | Member Name | Updated Reason                                | Created On | Updated By | Notes | Action             |
| 23                     | 1027          |             | AWAITING RET/DIS APP                          | 12/04/2013 | GR         |       | View Certification |

#### 402 E) “Returned” Certifications:

- 1) Certifications rejected by ETF and returned to the employer: ETF no longer uses this queue and will reach out by email if additional information is needed to process a certification.

| Member Search          | Draft         | Submitted   | Awaiting Retirement or Disability Application | Returned   |            |       |                           |  |  |
|------------------------|---------------|-------------|---|------------|------------|-------|---------------------------|--|--|
| Social Security Number | ETF Member ID | Member Name | Updated Reason                                | Created On | Updated By | Notes | Action                    |  |  |
| 00                     | 1104          |             |   | 06/12/2013 | CU         |       | Edit/Delete Certification |  |  |
| 37                     | 1027          |             |   | 09/26/2013 | But        |       | Edit/Delete Certification |  |  |
| 78                     | 1041          |             |   | 11/21/2013 | CA         |       | Edit/Delete Certification |  |  |
| 42                     | 1107          |             |   | 11/27/2013 | JUF        |       | Edit/Delete Certification |  |  |

### 403 Generating a Sick Leave Credit Estimate through the Online Accumulated Sick Leave System (AcSL)

Employers can generate a sick leave credit estimate for their employees in AcSL. The estimate will provide a sick leave certification total based on what the employer enters as the estimated hourly wage and sick leave hours. You can either print a hard copy of the PDF to give to your employee, or you can save a copy of the PDF to your desktop to email the document to the employee. Please emphasize to the employee that this is an estimate only and not an official certification of the amount of sick leave credits that may be available.

#### 403 A) Generating an Estimate

- 1) After searching for and selecting a member in the “Member Search” tab, click the “*Generate Estimate*” button on the Member Information Overview screen.

| Employee Information   |  |                    |  |
|------------------------|--|--------------------|--|
| Member Name            |  |                    |  |
| Social Security Number |  | XXX-XX-            |  |
| ETF Member ID          |  |                    |  |
| Birth Date             |  |                    |  |
| Date of Death          |  |                    |  |
| Address                |  | No address on file |  |
| Gender                 |  | FEMALE             |  |

| Employment History |                                |            |                  |
|--------------------|--------------------------------|------------|------------------|
| Employer Number    | Employer Name                  | Begin Date | Termination Date |
| 0001131            | UNIVERSITY OF WISCONSIN SYSTEM | 08/31/1998 |                  |

Sick Leave Certifications

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

- 2) Enter in the projected future termination date and reason for termination.
- 3) Click “Next.” AcSL will display current health insurance information.
- 4) Click on the “*Enter Estimated Sick Leave Hours*” button.

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

This is an ESTIMATE only.

| Employee Information   |                    | Termination Information       |                     |
|------------------------|--------------------|-------------------------------|---------------------|
| Member Name            |                    | Termination Date (MM/DD/YYYY) | 06/30/2015          |
| Social Security Number | XXX-XX-            | Reason for Termination        | Retirement Eligible |
| ETF Member ID          |                    |                               |                     |
| Birth Date             |                    |                               |                     |
| Date of Death          |                    |                               |                     |
| Address                | No address on file |                               |                     |
| Gender                 | FEMALE             |                               |                     |

Health Plans where \_\_\_\_\_ is a Subscriber as of termination date  
is not a subscriber on any state health plan contract.

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

[Enter Estimated Sick Leave Hours](#)

### 403 B) Generating an Estimate for UW Employers

- 1) **For UW Employers only** – Employers generating estimates on behalf of UW employees are required to answer the following question:

Was the employee an academic year faculty, academic staff or limited appointee at the time of termination or retirement?  YES  NO

- 2) Enter the employee's ASLCC and SHICC information.
  - a. Refer to subchapter 401 E) for instructions on the sick leave certification's input fields.
- 3) Click the "Print Copy for Member" button. A PDF of the sick leave credit estimate will be generated.

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.

Was the employee an academic year faculty, academic staff or limited appointee at the time of termination or retirement?  YES  NO

| Termination Information       |  |
|-------------------------------|--|
| Employer ID                   | UNIVERSITY OF WISCONSIN SYSTEM (0001131) |
| Termination Date (MM/DD/YYYY) | 06/30/2015                               |
| Reason for Termination        | Retirement Eligible                      |

| Accumulated Leave (ASLCC) Information           |                    |
|---|--------------------|
| Unused Sick Leave Hours                         | 1270.00            |
| Other Creditable Leave Hours                    | 0.00               |
| Highest Basic Hourly Pay Rate as State Employee | 25.000             |
| <b>ASLCC Total</b>                              | <b>\$31,750.00</b> |

**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)<br>Note: Do not use the WRS Service Date. | 01/01/1981         |
| Bargaining Unit  |                    |
| Years of Service in General/Executive Category<br>WITHIN THE FIRST 24 YEARS                            | 24                 |
| Years of Service in Protective Category<br>WITHIN THE FIRST 24 YEARS                                   | 0                  |
| Years of Service in Excess of 24 Years   | 10                 |
| Full Years of Service/Seniority  | 34                 |
| SHICC Eligible Hours   | 1270.00            |
| SHICC, 500 Hour Restoration  | 500.00             |
| <b>SHICC Total</b>   | <b>\$44,250.00</b> |

| Grand Total         |             |
|---------------------|-------------|
| Certification Total | \$76,000.00 |

[Print Copy for Member](#)

**Note:** Sick leave estimates cannot be saved in the AcSL system. You can save a copy of the PDF to your computer.

|   | <b>STATE OF WISCONSIN</b><br><b>Department of Employee Trust Funds</b><br>Robert L. Cusick<br>Governor | 801 W. Sawyer Rd.<br>PO Box 7901<br>Madison, WI 53707-7901<br><br>1-877-622-6222 (toll free)<br>Fax: (608) 267-4247<br>TTY: (608) 267-6247<br><a href="http://www.etf.wis.gov">www.etf.wis.gov</a> |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
|--|--|--|-------------------------|------------|-------------------------|---------|-------------------------------|----------|--|---------------------|---|----------------------|--|---------------|---------------------------------|-----------------------|--|------------------------------------|----------------------------|---------------------|-------------------|---------------------|--------------------|--------------|----------------------------|---------------------|--|-------------------|--|-----------------|--|
| <h2>SICK LEAVE CREDIT CERTIFICATION</h2> <h3>ESTIMATE -05/14/2014</h3> <p>This is an ESTIMATE only.</p> <p>Employee must be covered by the state group health insurance program on the retirement date to be eligible for these credits.</p>   |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Employee Information</th> </tr> </thead> <tbody> <tr><td>Member Name</td><td></td></tr> <tr><td>Member SSN</td><td>XXX-XX-</td></tr> <tr><td>Member ID</td><td></td></tr> <tr><td>Birth Date</td><td></td></tr> <tr><td>Gender</td><td>FEMALE</td></tr> <tr><td>Termination Date</td><td>06/30/2015</td></tr> <tr><td>Termination Reason</td><td>Retirement (Eligible)</td></tr> </tbody> </table>  | Employee Information   |  | Member Name             |            | Member SSN              | XXX-XX- | Member ID                     |          | Birth Date   |                     | Gender  | FEMALE               | Termination Date                       | 06/30/2015    | Termination Reason              | Retirement (Eligible) | <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Health Plan at Date of Termination</th> </tr> </thead> <tbody> <tr><td>Health Plan Carrier</td><td></td></tr> <tr><td>Coverage Type</td><td></td></tr> <tr><td>Group Number</td><td></td></tr> <tr><td>Coverage Begin Date</td><td></td></tr> <tr><td>Coverage End Date</td><td></td></tr> <tr><td>Plan Subscriber</td><td></td></tr> </tbody> </table> | Health Plan at Date of Termination |                            | Health Plan Carrier |                   | Coverage Type       |                    | Group Number |                            | Coverage Begin Date |  | Coverage End Date |  | Plan Subscriber |  |
| Employee Information   |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Member Name  |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Member SSN   | XXX-XX-  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Member ID  |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Birth Date   |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Gender   | FEMALE   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Termination Date   | 06/30/2015   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Termination Reason   | Retirement (Eligible)  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Health Plan at Date of Termination   |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Health Plan Carrier  |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Coverage Type  |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Group Number   |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Coverage Begin Date  |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Coverage End Date  |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Plan Subscriber  |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Accumulated Leave (AMLC) Information</th> </tr> </thead> <tbody> <tr><td>Unused Sick Leave Hours</td><td style="text-align: right;">1,270.00</td></tr> <tr><td>Other Creditable Hours</td><td style="text-align: right;">0.00</td></tr> <tr><td>Highest Basic Hourly Pay Rate</td><td style="text-align: right;">\$ 25.00</td></tr> <tr><td><b>AMLC Total</b></td><td style="text-align: right;"><b>\$ 31,750.00</b></td></tr> </tbody> </table>  | Accumulated Leave (AMLC) Information   |  | Unused Sick Leave Hours | 1,270.00   | Other Creditable Hours  | 0.00    | Highest Basic Hourly Pay Rate | \$ 25.00 | <b>AMLC Total</b>  | <b>\$ 31,750.00</b> | <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Employer Information</th> </tr> </thead> <tbody> <tr><td>Employer Name</td><td>UNIVERSITY OF WISCONSIN SYSTEM</td></tr> <tr><td>Submitted by</td><td>ETF on behalf of the employer</td></tr> <tr><td>Submitted date</td><td>05/14/2014</td></tr> </tbody> </table> | Employer Information |  | Employer Name | UNIVERSITY OF WISCONSIN SYSTEM  | Submitted by          | ETF on behalf of the employer  | Submitted date                     | 05/14/2014                 |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Accumulated Leave (AMLC) Information   |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Unused Sick Leave Hours  | 1,270.00   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Other Creditable Hours   | 0.00   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Highest Basic Hourly Pay Rate  | \$ 25.00   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| <b>AMLC Total</b>  | <b>\$ 31,750.00</b>  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Employer Information   |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Employer Name  | UNIVERSITY OF WISCONSIN SYSTEM   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Submitted by   | ETF on behalf of the employer  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Submitted date   | 05/14/2014   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Supplemental Sick Leave (SHCC) Information</th> </tr> </thead> <tbody> <tr><td>Seniority Date</td><td>01/01/1981</td></tr> <tr><td>Academic Year Employee?</td><td>No</td></tr> <tr><td>Bargaining Unit</td><td></td></tr> <tr><td>Years of Service in General/Executive Category (within the first 24 years)</td><td style="text-align: right;">24</td></tr> <tr><td>Years of Service in Protective Category (within the first 24 years)</td><td style="text-align: right;">0</td></tr> <tr><td>Years of Service in Excess of 24 years</td><td style="text-align: right;">10</td></tr> <tr><td>Full Years of Service/Seniority</td><td style="text-align: right;">34.00</td></tr> <tr><td>SHCC Eligible Hours</td><td style="text-align: right;">1,270.00</td></tr> <tr><td>SHCC, 500 Hour Restoration</td><td style="text-align: right;">500.00</td></tr> <tr><td><b>SHCC Total</b></td><td style="text-align: right;"><b>\$ 44,250.00</b></td></tr> <tr><td colspan="2" style="text-align: center;"><b>Grand Total</b></td></tr> <tr><td><b>Certification Total</b></td><td style="text-align: right;"><b>\$ 76,000.00</b></td></tr> </tbody> </table> | Supplemental Sick Leave (SHCC) Information   |  | Seniority Date          | 01/01/1981 | Academic Year Employee? | No      | Bargaining Unit               |          | 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 | 10            | Full Years of Service/Seniority | 34.00                 | SHCC Eligible Hours  | 1,270.00                           | SHCC, 500 Hour Restoration | 500.00              | <b>SHCC Total</b> | <b>\$ 44,250.00</b> | <b>Grand Total</b> |              | <b>Certification Total</b> | <b>\$ 76,000.00</b> | <p>There are no previous versions of this certificate.</p> |                   |  |                 |  |
| Supplemental Sick Leave (SHCC) Information   |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Seniority Date   | 01/01/1981   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Academic Year Employee?  | No   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Bargaining Unit  |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| 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   | 10   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Full Years of Service/Seniority  | 34.00  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| SHCC Eligible Hours  | 1,270.00   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| SHCC, 500 Hour Restoration   | 500.00   |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| <b>SHCC Total</b>  | <b>\$ 44,250.00</b>  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| <b>Grand Total</b>   |  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| <b>Certification Total</b>   | <b>\$ 76,000.00</b>  |  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |
| Generated on: 05/14/2014   |  | ET-4543 (REV 11/2012)  |                         |            |                         |         |                               |          |  |                     |   |                      |  |               |                                 |                       |  |                                    |                            |                     |                   |                     |                    |              |                            |                     |  |                   |  |                 |  |

**Department of Employee Trust Funds  
Sick Leave Conversion Program Employer Manual**

---

## **Chapter 5 - Other Sick Leave Certification Situations**

- 501 [Restoring Unused Sick Leave hours](#)
- 502 [Elected Official SHICC Adjustment](#)
- 503 [Employment in Two State Positions](#)
- 504 [Certifying Sick Leave Credits following an Employee Death](#)

### **501 Restoring Unused Sick Leave Hours**

If an employee with [preserved](#) sick leave credits is returning to work in an eligible position, their unused sick leave hours may be restored to them when they return to work. When this occurs, those hours should be removed from AcSL when they are restored to the employee. For more information about restoring unused sick leave hours, please talk to your leadership. ETF doesn't determine if hours can be restored.

Note: Unused sick leave hours may or may not transfer between various [employers](#). Please reference the [Accumulated Sick Leave Credit Transfer Between Wisconsin Retirement System Agencies grid](#) on the ETF website to determine if their unused sick leave hours can be transferred.

Sick leave hours can only be restored if the employee has not taken an annuity. To determine this, check the Previous Service and Benefit Inquiry Application. If the employee is a rehired annuitant, their unused sick leave hours cannot be restored and will be held until they re-retire.

If the employee is over minimum retirement age (50 for protective service or 55 for non-protective service) reach out to ETF before restoring their unused sick leave hours. It's possible the employee may have used a portion of their sick leave credits already. In this case, ETF staff will calculate the amount that was already used and provide you with the amount that can be restored to the member.

This process should not be used if the member's preserved sick leave was from time as a [public official](#). Sick leave credits earned as a public official can be restored, but ETF needs to keep a record of any credits that were preserved as members may be eligible to use them in the future without 20 years of service or an [immediate annuity](#).

**501 A) Creating a \$0 certification if sick leave is preserved**

1. In AcSL, create a new certification.
2. You should receive a message indicating that the employee has a preserved account.

**This member has a preserved account.**

Previous certification was submitted by HEALTH SERVICES, DEPT OF based on a 12/18/2013 termination date.

This sick leave certification should override and replace the previous sick leave certification.  
 The sick leave hours on this certification should be combined with those reported on the previous sick leave certification.

[Next](#)

3. Select the top option to override the previous certification.
4. Update the Unused Sick Leave Hours Field to 0.
5. The grand total for this cert should be \$0.

| Termination Information  |  |                                       |
|--|--|---------------------------------------|
| Select employer from list  |  | CORRECTIONS, DEPT OF ▼                |
| Termination Date (MM/DD/YYYY)  |  | 01/03/2023                            |
| Reason for Termination ?   |  | 20 years of WRS Coverage, under MRA ▼ |
| Accumulated Leave (ASLCC) Information  |  |                                       |
| Unused Sick Leave Hours  |  | 0.00                                  |
| Other Creditable Leave Hours   |  | 0.00                                  |
| Highest Basic Hourly Pay Rate as State Employee  |  | 25.590                                |
| <b>ASLCC Total</b>   |  | <b>\$0.00</b>                         |
| 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)<br><small>Note: Do not use the WRS Service Date.</small>      |  | 08/30/1999                            |
| Bargaining Unit  |  |                                       |
| Years of Service in General/Executive Category<br>WITHIN THE FIRST 24 YEARS  |  | 0                                     |
| Years of Service in Protective Category<br>WITHIN THE FIRST 24 YEARS   |  | 23                                    |
| Years of Service in Excess of 24 Years   |  | 0                                     |
| Full Years of Service/Seniority  |  | 23                                    |
| SHICC Eligible Hours   |  | 962.76                                |
| SHICC, 500 Hour Restoration  |  | <input type="checkbox"/>              |
| <b>SHICC Total</b>   |  | <b>\$0.00</b>                         |
| Grand Total  |  |                                       |
| Certification Total  |  | <b>\$0.00</b>                         |

6. Submit the cert as usual.
7. ETF staff will accept the cert and update the employee’s sick leave credit balance to \$0.

**501 B) Creating a \$0 certification if sick leave is not preserved**

In this situation, you may need to create a new certification for the member for \$0 or amend the certification that was previously submitted.



## 502 Elected Official SHICC Adjustment

Elected officials who are serving a fixed term in office can have their years of adjusted continuous service updated by one year to give them credit for their final year of service if needed. Because term dates are beyond the control of individual elected officials, and they do not have the option of extending their termination date like other employees do, ETF has made the following accommodation. Elected officials will be deemed to have served a full year of adjusted continuous service for their final year in office if they serve until the inauguration date of the new term. If they leave office before that inauguration day, they will not receive this accommodation. They must be terminated from WRS employment on the inauguration date of the new term. This applies only to elected officials elected for full terms in a regular general election; it does not apply to officials elected in special elections who take office at any time other than the beginning of a term.

This adjustment applies to the following positions:

- Governor
- Lieutenant Governor
- Attorney General
- Secretary of State
- State Treasurer
- Secretary of Public Instruction
- Legislators
- Judges

When submitting a certification in AcSL for an elected official who qualifies for this adjustment, include a note in the employer notes section on the certification to indicate that an adjustment is needed. ETF staff will add the extra year of service to the certification based on that note.

## 503 Employment in Two State Positions

Some employees might work in two state positions at the same time. In this case, if the employee terminates from both positions on the same day, both employers should submit a sick leave certification to ETF.

Follow these tips to correctly certify the employee's sick leave if terminating from both positions on the same day:

- Include just the unused sick leave hours the employee has accrued with one employer.
- Use the employee's highest hourly pay rate, regardless of what position that payrate was from.
- Use the earliest possible adjusted continuous service date, not the date the employee started with a specific employer.
- ETF will combine both certifications when they are submitted.

If the employee leaves one position before the other, the first employer should transfer the employee's unused sick leave hours to the second employer if possible. See the [Accumulated Sick Leave Credit Transfer Between WRS Agencies guide](#) on ETF's website for more information about which employers accept sick leave transfers. If the employee's unused sick leave hours cannot be transferred to the second employer and the employee has 20 or more years of WRS service, their unused sick leave hours can be certified. ETF will hold onto those hours until the member retires. If the employee's unused sick leave hours cannot be transferred to the second employer and the employee has less than 20 of WRS service, their unused sick leave hours will be forfeited unless the second employer agrees, in writing, to accept the transfer. Any agreement to accept a transfer of sick leave that would otherwise be forfeited must be provided to ETF.

## 504 Certifying Sick Leave Credits following an Employee Death

In the event an employee dies, please contact the Department of Employee Trust Funds immediately to report the death if this hasn't already been done. Contact ETF via phone at 1-877-533-5020 or by visiting our website at [etf.wi.gov](http://etf.wi.gov) and using the *Contact ETF* function. See 1301 in the *State Agency Health Insurance Employer Standards, Guidelines and Administration Manual* (ET-1118) for more information.

Unused sick leave hours should be certified as soon as possible following the death. The certification should be submitted even if the employee wasn't vested at the time of death. Unused sick leave hours may only be certified if the employee had family health insurance at the time of death. See 1302 in the *State Agency Health Insurance Employer Standards, Guidelines and Administration Manual* (ET-1118) for more information about survivor health insurance after an employee's death.

After the sick leave certification has been reviewed by ETF staff, the sick leave credits will be transferred to surviving dependents. Sick leave credits cannot be split between surviving dependents. The eldest dependent, usually the spouse, will inherit the credits first. If the eldest dependent is a child, that child will remain the subscriber on the health insurance contract until they turn 26 and lose eligibility for health insurance coverage. At that point, the sick leave credits are transferred to the next eldest child until all children have turned 26 and lose eligibility for health insurance coverage.

Health insurance will continue automatically for survivors and will first be paid for with sick leave credits. When the sick leave credits run out, the survivors can continue coverage as long as they are eligible but will pay for their coverage with an annuity deduction. If their annuity is too small to cover the premium, they would pay the health plan directly. Survivors can also escrow their sick leave credits if they have other comparable coverage. See 205 in this manual for more information about escrowing sick leave.

If the surviving spouse is also an eligible state employee, they can choose to enroll in coverage through their employer instead of using the sick leave credits they inherited. While enrolled through their employer, the inherited sick leave credits would be put on hold. They would be eligible to use those credits in the future if they have an involuntary loss of coverage (i.e. termination of employment) or after retirement. If the surviving spouse terminates state employment and gains other comparable coverage, they can also escrow the inherited sick leave credits until they wish to use them. See 1303 in the *State Agency Health Insurance Employer Standards, Guidelines and Administration Manual* (ET-1118) for more information.

If a former employee passes away while their sick leave credits are preserved or escrowed, any eligible dependents who were covered by the former employee on a state group health insurance contract at any point in the past will be eligible to use deceased's sick leave credits. See the *Sick Leave Credit Conversion Program Brochure* (ET-4132) for more information.

## Chapter 6 – Glossary of Definitions

**Access Plan:** The nationwide health care benefit plan available to all [participants](#) offered by the [Board](#) as provided by § 40.52 (1).

**Annuitant:** Any retired [employee](#) of the State of Wisconsin: receiving an [immediate annuity](#) under the Wisconsin Retirement System, a currently insured recipient of a long-term disability benefit under Wis. Adm. Code § ETF 50.40, a currently insured recipient of a disability benefit under Wis. Stat. § 40.65; or a terminated employee with 20 years of creditable service.

**Board:** The Group Insurance Board.

**Dependent:** As provided herein, the [subscriber's](#)

- 1) Spouse.
- 2) Child.
- 3) Legal ward who becomes a permanent legal ward of the subscriber or subscriber's spouse prior to age 19.
- 4) Adopted child when placed in the custody of the parent as provided by Wis. Stat. § 632.896.
- 5) Stepchild.
- 6) Grandchild if the parent is a dependent child.
  - a) A grandchild ceases to be a dependent at the end of the month in which the dependent child (parent) turns age 18.
  - b) A spouse and a stepchild cease to be dependents at the end of the month in which a marriage is terminated by divorce or annulment.
  - c) All other children cease to be dependents at the end of the month in which they turn 26 years of age, except that:
    - i. An unmarried dependent child who is incapable of self-support because of a physical or mental disability that can be expected to be of long-continued or indefinite duration of at least one year is an eligible dependent, regardless of age, as long as the child remains so disabled and he or she is dependent on the subscriber (or the other parent) for at least 50% of the child's support and maintenance as demonstrated by the support test for federal income tax purposes, whether or not the child is claimed. If the subscriber should die, the disabled adult dependent must still meet the remaining disabled criteria and be incapable of self-support. The [health plan](#) will monitor eligibility annually, notifying the [employer](#) and ETF when terminating coverage prospectively upon determining the dependent is no longer so disabled and/or meets the support requirement. The health plan will assist the ETF in making a final determination if the subscriber disagrees with the health plan determination.
    - ii. After attaining age 26, as required by Wis. Stat. § 632.885, a dependent includes a child that is a full-time student, regardless of age, who was called to federal active duty when the child was under the age of 27 years and while the child was attending, on a full-time basis, an institution of higher education.

- d) A child born outside of marriage becomes a dependent of the father on the date of the court order declaring paternity or on the date the acknowledgment of paternity is filed with the Department of Health Services (or equivalent if the birth was outside of Wisconsin) or the date of birth with a birth certificate listing the father's name. The **Effective Date of Coverage** will be the date of birth if a statement or court order of paternity is filed within 60 days of the birth.
- e) A child who is considered a dependent ceases to be a dependent on the date the child becomes insured as an eligible [employee](#).
- f) Any dependent eligible for benefits who is not listed on an application for coverage will be provided benefits based on the date of notification with coverage effective the first of the month following receipt of the subsequent application by the [employer](#), except as required under Wis. Stat. § 632.895 (5) and 632.896 and as specified in 403 D.

**Employee:** A person who is working for pay as an eligible employee of the State of Wisconsin as defined under Wis. Stat. § 40.02 (25) (a), 1., 2., or (b), 1m., 2., 2g., or 8.

**Employer:** An eligible State of Wisconsin agency as defined in Wis. Stat. § 40.02 (54). "ETF": the Department of Employee Trust Funds.

**Escrow:** Credits that are being saved to be used at a later date. In order for credits to be escrowed, a member must have health insurance coverage that is comparable to the state's coverage.

**Health Plan:** The licensed insurer that is under contract with the State of Wisconsin Group Health Insurance Program to provide benefits and services to [participants](#).

**Immediate Annuity:** An annuity that has an effective date within 30 calendar days after an [employee](#)'s termination date.

**Layoff:** The same as "leave of absence" as defined under Wis. Stat. § 40.02 (40).

**Open Enrollment:** The yearly period referred to in ETF materials where all members may make changes to their Group Health Insurance Program benefits. Eligible [employees](#) and [annuitants](#) under Wis. Stat. § 40.51 (16) to enroll for or transfer coverage to any plan offered by the Board as required by Wis. Stat. § 40.51. The dates for this time period are set each year by ETF and the Board.

**Participant:** The [subscriber](#) or any of his/her subscriber's dependents who have been specified by ETF to the [health plan](#) for enrollment and are entitled to benefits.

**Public Official:** Either a state constitutional officer, a member or an officer of the legislature, head of a legislative service agency, or the head of a state department or agency who was appointed by the governor with senate confirmation.

**Preserved:** The [employee](#) fits into either one of two specific categories at the time of termination from state WRS employment. To qualify to have sick leave credits preserved, the [employee](#) must be under minimum retirement age at the time of termination and either have 20 years of WRS creditable service or be a qualified [public official](#). Preserved sick leave credits can't be used until the employee begins their retirement annuity.

**Subscriber:** An [employee](#), [annuitant](#), or his or her surviving [dependents](#), who have been specified by ETF to the [health plan](#) for enrollment and who is entitled to benefits.