

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



EMPLOYEE #: _____

Please send form to the attention of:
Human Resources –
HR.PEN.HRC@nashville.gov

FINAL LDS LETTER

Date: ____ / ____ / ____

Dear Pension Services:

This is to advise that _____ has given notice of their intent to retire on a service pension. To avoid delays in the processing of this request, we are providing your office with the following information:

1. The last day this employee will physically report for work is/was: ____ / ____ / ____.
2. The last day this employee will be/was carried on the payroll for vacation, sick (when under approved leave), comp-time, personal leave, etc. is/was: ____ / ____ / ____.
3. This employee has elected to receive compensation for any unused vacation days, personal days or comp time by the following method: (Please check the appropriate option)
 - _____ Continue on regular payroll until time is exhausted
 - _____ Lump-sum payment on final check
 - _____ Continue on regular payroll, with small lump-sum at final check
 - _____ Not Applicable (No unused vacation days, personal days or comp time available)
4. a) Total number of unused sick **HOURS** as of the last day on payroll: _____.
 b) Total hours earned in excess of the 1600 or 960 **HOURS placed in the "BANK"** is: _____.
 NOTE: Civil Service Rule, Section 4.7 (B), Earnings and Accrual of Sick Leave, permits an employee hired July 1, 1989 or earlier to accumulate up to a total of 200 unused sick days. Employees hired after July 1, 1989, may accumulate up to 120 days.)
5. List dates of any FMLA, LWOP, or any other type of leave status in excess of twenty days this employee is/has been on in the last twelve months: _____. Please attach profile(s).
6. *Insurance coverage will terminate effective: _____.

*should be the end of the month of termination

Department Designee Completing Form

Department

Appointing Authority (Manager)

Date

LEAVE=TIME/LDS