

**KYRENE SCHOOL DISTRICT - ADMINISTRATORS**  
**PAYMENT OF FORFEITED ACA PRIOR TO RETIREMENT WITH ASRS**

Per the *Terms and Conditions of Employment Document*, employees who have accumulated Authorized Compensatory Absence (ACA) days in excess of two years of their annual allocation and who intend to retire with ASRS one or two years hence, may forfeit all ACA hours earned during the final one or two years of employment.

The contract amount for the last one (1) or two (2) years will reflect payment for the number of ACA days/hours forfeited during those years. The number of authorized days allocated for each of the one or two years will be paid at the entry rate of the employee's classification and education level. The following conditions apply:

1. Employees must submit notification of the intent to terminate employment to the Superintendent one or two years hence, no later than February 15 of the contract year prior to retirement or resignation.
2. Employees must terminate employment after the end of the (1) one or (2) two year period. This action may not be rescinded.
3. Employees are only eligible to access this benefit once. Re-employment does not make an employee eligible again.
4. Employees must be retiring with ASRS.

**PLEASE SUBMIT THIS FORM TO HUMAN RESOURCE SERVICES AS NOTIFICATION OF YOUR INTENT:**

\_\_\_\_\_ I choose to cash out ACA in the final two (2) years of employment (add to salary).  
(initial) (Employee must have an ACA balance in excess of two (2) year's allocation.)

\_\_\_\_\_ I choose to cash out ACA in the final one (1) year of employment (add to salary).  
(initial) (Employee must have an ACA balance in excess of one (1) year's allocation.)

**I further acknowledge that if I opt for this benefit, I must terminate after the end of the one or two year period elected, and that once the final one or two year period begins, I may not rescind this agreement.** \_\_\_\_\_  
(initial)

I agree that I will only be eligible for those benefits in effect during the current school year as defined in the *Terms and Conditions of Employment*. Should benefits change between now and my actual retirement date, those in effect as of this date will apply.

\_\_\_\_\_  
Print Employee's Name

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date