FOR OFFICE USE ONLY:	
Retirement Plan:	
Sick Leave Program:	
Original Hire Date:	

Faculty and AP Faculty Sick Leave Plan Election Form

First Name		MI	Last Name			
Date of Hire	Univer	University Identification Number (UIN)				
Street Address		City	State	Zip Code		
Home Telepho	ne	_	Email Address			
Your deadline	to elect a Sick Leave Plan	ı is 60 days from appoint	ment.			
I have made m	ny irrevocable retirement p	olan election online throug	gh my myVRS account.			
	I have chosen the ORP	and understand that I will	be in the ODU sick leave	plan.		
	☐ I have chosen the Virginia Retirement System and my leave plan selection will be:					
	☐ VSDP ☐ ODU si	ck leave plan (must comple	te College and University Fact	ulty Opt-Out Form)		
I also understa	nd that if I used the full (60 days to make an electi	on that my first deduction	n will include prior		
deductions that	should have been collected	ed during that 60-day time	eframe.			
Employee Sign	ature		Date			