

FICA EXEMPT SICK/ACCIDENT CERTIFICATION

Mail to: Central Payroll Bureau
Attn: Accounting & Reporting
PO Box 2396
Annapolis, MD 21404-2396

Fax #: (410) 974-2035
Inquiries: (410) 260-7964
(888) 674-0019
(If faxing, do not mail hardcopy)

From: Telephone #: _____ Date: _____
Agency 6-digit Code: _____
Agency Name: _____
Authorized by (Print): _____
Title: _____
Signature (Required): _____

This is to certify that our employee has been on continuous *sick / accident* leave since (mm/dd/yyyy)_____. The leave used during the pay period ending (mm/dd/yyyy)_____ qualifies for FICA exemption because more than six (6) months have elapsed since the employee last worked.

Information pertaining to this certification for the pay period is as follows:

Employee Name: _____
Social Security #: _____
Bi-weekly Rate: _____
Normal Period Hours: _____
Total Sick Hours: _____
Total Sick Dollars: _____
Total Accident Hours: _____
Total Accident Dollars: _____

CPB USE ONLY	
R*STARS	No
REVL	No
Net	No
RFRC	_____
Ledger	_____
Cover Letter	_____
YD + CJ	_____
YD - CK	_____
RM + FXWgs	_____
YN - FWgs	_____