

TEACHER ACCUMULATED SICK LEAVE REIMBURSEMENT FORM

FISCAL YEAR 2019-2020

Any teacher who has more than one-hundred (100) accumulated leave days (3.9.1) in their individual bank at the end of a school year may cash in up to twenty (20) days at a rate of \$30 per day during the upcoming school year. This reimbursement is subject to approval by the superintendent and Deputy Superintendent.

TO BE COMPLETED BY TEACHER REQUESTING PAYMENT:

Print Name

Date

I would like to request payment of _____ sick leave days.

Signature

TO BE COMPLETED BY HUMAN RESOURCE OFFICE:

Number of sick leave days x \$30: \$_____

Total Amount of Pay-out \$_____

Human Resource Signature

Date

APPROVED BY:

Deputy Superintendent Signature

Date

Superintendent Signature

Date

Copy of accumulated sick leave days attached

Distribution: Payroll - Personnel – Superintendent - Administrator