

TEACHER ACCUMULATED SICK LEAVE REIMBURSEMENT FORM

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

School Year _____

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