

September 27, 2011

Employee ID:

Employee Name:

Subject: Sick Leave Pay Out

Budget Number:

Please select an option for receiving payment of sick hours. You may cash out hours one time per year and must give a 30 day notice.

Excess of 90 days.

If you have excess of 90 days you may request payment of any hours over 90 days as outlined in the "Operations Manual- General Staff". Please make your choice and return this from to the Payroll office no later than July 20, 2011. Please pay me \_\_\_\_\_ hours of accumulated sick leave in the first paycheck of December.

10% year

If you work a 40 hour week and have 40 hours or less in your bank, you may cash out all hours.

Please pay me \_\_\_\_\_ hours of accumulated sick leave

If you work a 37.5 hour week and have 37.5 hours or less in your bank, you may cash out all hours.

Please pay me \_\_\_\_\_ hours of accumulated sick leave

Retirement

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date