

04/26/2014

ALMIRA SCHOOL DISTRICT NO. 17

SICK LEAVE CASHOUT REQUEST

I would like to cash out _____ days of sick leave per Section 9 – Sick Leave Bank.

CERTIFICATION

I understand that 60 days of sick leave must be accumulated before I am eligible. Payment will be made in the August pay period of the current fiscal year. Request form must be received by the district office by August 1st. I do hereby certify that this is true and correct and that no payment has been received by me on account thereof.

Signed _____

Date _____