

**SICK LEAVE
CASH INCENTIVE AWARD**

Name: _____ Date: _____

Employee # : _____

I hereby apply for the Cash Award under provisions of the Sick Leave Section of Staff Policies and/or Master Agreement. I am eligible for the award based upon the following:

- 1. Date of hire: _____
- 2. Number of sick days earned this school year: _____
- 3. Number of sick days used this school year: _____
- 4. Number of sick days to be added to sick day bank: _____
- 5. Number of sick days on which cash award is based: _____

Payment will be made with the payroll immediately following completion of the work schedule for the current year.

Approved: _____ Employee: _____
Supervisor Signature Signature

Deadline for filing requests shall be 12:00 noon on Monday following completion of contract work schedule.

Business Office Use:

Daily Rate Calculation:

of Days _____ x Daily Rate _____ x _____ % = _____

Payroll Date: _____ Approved: _____

Account # _____	Amount: _____
_____	_____
_____	_____

NO RETIREMENT NO BENEFIT DISTRIBUTION
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