

**PAY BY CHECK
FOR PURCHASE OF
PERSONAL LEAVE DAYS**

**ALL FORMS AND CHECKS
MUST BE IN THE BREWTON CENTRAL OFFICE BY
OCTOBER 1ST.**

Name: _____

Social Security No: _____

School/Department: _____

Position: _____

Payment must be submitted with Form (Please refer to Rate Schedule for the Per Day Cost)

Number of Personal Days Requested _____ (Limit - 2 Days)

Amount of enclosed check: _____.

Employee Signature

Date