

# ■ IMPORTANT ■

## FOR CERTIFICATED PERSONNEL ONLY

Name: \_\_\_\_\_

Department/School: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Certificated employees who have unused "state provided" personal leave days remaining at the end of the school year, may choose to be compensated for these days. The rate of pay for each day is **\$80.00**.

The check for these unused personal leave days will be separate from the regular payroll and will be printed and mailed in early July.

I wish to be **PAID** for my ***Personal Leave Days*** that I did not use, as of June 30.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***This form must be in the Central Office by May 31, Each Year***

***At the beginning of every sick leave year ( July 1<sup>st</sup>), we convert any unused Personal and Purchased Personal Days to Sick Leave.***

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