

**REQUEST FOR PAYMENT
FOR UNUSED
PERSONAL DAYS**

Name: _____ S.S.# _____

For All Contracts and Handbooks except SCEA:

I have not used and wish to be paid for _____ personal days. I understand these days will be verified and deducted from my employee absence report prior to payment.

SCEA Contract ONLY:

Days in excess of 6 will automatically be converted to sick time. Submit no paperwork.

Employee's Signature: _____ Date: _____

Supervisor's/Principal's Signature: _____

FOR BUSINESS OFFICE USE ONLY

PAYMENT FOR UNUSED PERSONAL DAYS:

Verified and Deducted: _____

_____ days X rate _____ = \$ _____ ***No Retirement**

_____ days X hours _____ X rate _____ = \$ _____ ***No Retirement**

Special Check #: _____

Fund/Account: _____

Payroll dated: _____

Date Received: _____

Approved:

Business Office Supervisor