

RCCWA REQUEST FOR REIMBURSEMENT FOR UNUSED SICK LEAVE



Radnor Township School District • Office of Human Resources

To be submitted to the Personnel Office within thirty (30) days after the end of the contract year.

Employee Section (Please print clearly)

Name (please print):	Dept/Bldg:
Position:	Date:

As per Agreement, Article 11.C.: An employee who has used no sick leave for a full contract year, may be reimbursed at 100% of his or her base rate of pay for as many or all of the current year's accrual of sick days. An employee who has used between one and three days of sick leave during a full contract year, may be reimbursed at 75% of his or her base rate of pay for up to the remaining number of unused sick days from the current year's accrual of sick days.

Employees who wish to be reimbursed for unused sick days must submit a request for reimbursement to the Personnel Office within thirty days after the end of the contract year.

Number of sick leave days used during this contract year:	_____
Number of my remaining sick leave days from this contract year's accrual that I wish to receive reimbursement for:	_____

Agreement and Signature

By signing below, I attest that the information I have provided on this form is complete, true and accurate.

Employee Signature:	Date:
---------------------	-------

HR Office Authorization to Payout:

Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Number of sick days to be paid out: _____	% of Prior FY Per Diem Rate: <input type="checkbox"/> 100% <input type="checkbox"/> 75%	Number of sick days to be deducted from balance: _____
Authorized Signature:	Date sent to payroll for processing:	
Comments: <i>To be paid in the next available payroll.</i>		