



Personal Leave Days Option

(Employee's Name)

(Location)

Position: _____

_____ I wish to have my unused personal leave days converted to sick leave days at the end of each school year.	
_____ (Signature of Employee)	_____ (Date)

_____ I do not wish to convert my unused personal leave days to sick days each school year. I elect to receive pay for the unused days. For certified employees, the pay is the daily rate of a sub (\$75.00). For support employees, the pay is per hour at minimum wage (\$7.25). For bus drivers, the pay is \$40.00 per day.	
_____ (Signature of Employee)	_____ (Date)

****As requested, this option can be changed August 1 – September 15 of each year; no exceptions will be made.**