



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 \$80/day and for classified employees, the pay is \$55/day.

(Signature of Employee)

(Date)

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