

APPENDIX A

REQUEST FOR SUBSTITUTION OF SICK LEAVE

This form must be completed and submitted no later than ten (10) days after the date for which such substitution is requested.

Name Title

I would like to substitute the following, in lieu of sick time, for the purpose of calculating overtime compensation:

Date absent: Month/Day _____ From: _____ m to _____ m

Total hours worked: _____

SUBSTITUTION REQUESTED:

This represents my:

- A. Compensatory Time _____
- B. Holiday Leave _____
- C. Personal Leave _____
- D. Vacation Leave _____

- First _____
- Second _____
- Third _____
- Fourth* _____
- Fifth* _____

Request for substitution this fiscal year.

(*Satisfactory medical evidence must be attached.)

Employee Signature Date

To be completed by the Chief Personnel Officer and returned to employee.

Date received by Chief Personnel Officer _____

Decision: APPROVED _____ for _____ Hours of Substitution

DISAPPROVED _____ Reason: _____

Signature, Chief Personnel Officer Date

Distribution: Human Resources Office (original), Supervisor (copy), Employee (copy)