

NOTICE OF INTENT TO CASH IN SICK DAYS - INCENTIVE (Members of the MTA Bargaining Agreement)

"A unit member who uses three (3) or fewer sick leave days in a semester may cash in up to two (2) sick leave days at \$200 per day. Unit members who avail themselves of this benefit must submit their request by February 15th for the Fall semester and June 30th for the Spring semester."

EMPLOYEE INFORMATION – TO BE COMPLETED BY MTA UNIT MEMBER Upon completion of this portion, please send form via interoffice or e-mail to Lisa Lynch in Human Res

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NAME:		
POSITION:		
SCHOOL YEAR:		
DATE OF REQUEST:		
FALL SEMESTER:	SPRING SEMESTER:	
Per MTA Bargaining Agreemen	t, I would like to cash in days of sick leav	ve.
	PLEASE PRINT NAME	
	SIGNATURE	
ATTENDANCE VERIF	ICATION – TO BE COMPLETED BY HUM	IAN RESOURCES
Approved D	Penied	
Number of sick days use	d in above requested semester	
	Personnel Specialist	Date
FINAL APPROV	AL – TO BE COMPLETED BY HUMAN RI	ESOURCES
Approved for payment ofs	sick days on or before the	payroll.
	Assistant Superintendent for Hum	nan Resources Date

Business Office (Payroll)

Personnel File

cc: