

TO: Human Resources Department

FROM:

SUBJECT: Payment of Unused Sick Leave

I understand that I am entitled to payment of accumulated sick leave since I have been employed by the Charlottesville City Public Schools for a period of **three (3)** consecutive years.

Please pay me the amount of unused sick leave at the rate of \$10.00 per day with the maximum number of days not to exceed 25 days. I do understand that payment will be made only for days of sick leave earned while an employee of the Charlottesville City Schools. Also, this request for payment must be made within 30 days of termination of employment and payment **must be made** during the calendar year in which termination of employment occurs.

Signature of Employee

Last 4 digits of Social Security Number

Dates of Employment