

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 Overtime Hours Worked: _____

SUBSTITUTION REQUESTED:

This represents my:

- | | |
|----------------------------|---------------|
| A. Compensatory Time _____ | First _____ |
| B. Holiday Leave _____ | Second _____ |
| C. Personal Leave _____ | Third _____ |
| D. Vacation Leave _____ | Fourth* _____ |
| | Fifth* _____ |

Request for substitution this fiscal year.

(*Satisfactory medical evidence must be attached.)

Employee Signature Date

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

Date received by Chief Human Resources Officer _____

Decision: APPROVED _____ for _____ Hours of Substitution

DISAPPROVED _____ Reason: _____

Signature, Chief Human Resources Officer Date

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