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
B. _____ Holiday Leave
C. _____ Personal leave
D. _____ Vacation Leave

1ST _____
2ND _____
3RD _____
4TH _____
5TH _____

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)