

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: _____ a.m or p.m to _____ a.m or p.m.
(PLEASE CIRCLE)

Total 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 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 (original), Supervisor (copy), Employee (copy)

