

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.

_____ Title
Name

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 1ST _____
- B. _____ Holiday Leave 2ND _____
- C. _____ Personal leave 3RD _____
- D. _____ Vacation Leave 4TH _____
- 5TH _____

Request for substitution this fiscal year. (*Satisfactory medical evidence must be attached.)

_____ Date
Employee Signature

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: _____

_____ Date
Signature, Chief Human Resources Officer

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