



SEIU Members Election

Cash Out Sick Leave Hours for Perfect Attendance

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS
7361 Calhoun Place, Suite 190
Rockville, Maryland 20855

MCPS Form 280-36
June 2009

Employee name _____ Employee ID # _____

Work telephone number _____-_____-_____

SECTION I: INSTRUCTIONS

Find your appropriate number of months employed and enter the number of sick days you wish to cash out, up to the maximum, in the box provided.

When completed, this form **MUST** be returned to ERSC no later than **September 25, 2009**, to be eligible for the sick leave cash out.

Months Employed	Maximum Number of Sick Days Eligible	Number of sick days I want paid to me
9-month	3.0	
10-month	3.33	
12- month	4.0	

I elect to cash out up to one third (1/3) of my prior year's earned sick leave. I understand that any hours paid will be subtracted from my current sick leave balance and paid on the pay date that includes winter break.

_____/_____/_____
Signature, Employee *Date*

SECTION II: FOR ERSC USE ONLY

Employee meets perfect attendance requirements. Y N

Sick leave balance in hours _____ as of ____/____/____

1/10 F.T.E. = ____ x Number of Days = Hours to be Paid _____

Current hourly rate \$ _____ as of ____/____/____

Hours ____ x \$ _____ hourly rate = \$ _____ amount to be paid.

Date PR35 adjustment made ____/____/____ Payment date ____/____/____

Processed by _____ Date ____/____/____