



## **Request for Personal Day Reimbursement**

According to the Collective Bargaining Agreement, employees may elect to surrender one or more unused Personal days for compensation to be paid by September 30<sup>th</sup> at the rate of \$120.00 for each day surrendered.\*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Program: \_\_\_\_\_

Number of Personal Days surrendered for compensation: \_\_\_\_\_

By signing and submitting this form, I understand that this request is irrevocable.

\_\_\_\_\_  
Employee Signature Date

**\*This form must be completed and submitted to Ausra Petry by May 31st for 10 month employees and by June 15th for 12 month employees.**