Request for Compensation for Unused Accrued & Justifiable Leave (LEA)

DATE: _____

NAME: _____ **S.S.#:** xxx-xx-_____

SCHOOL: _____ **POSITION:** _____

I am requesting _____ unused accrued leave day(s) for compensation at the rate of $200.00 each which I have not used this school year.

I am requesting _____ unused justifiable leave day(s) for compensation at the rate of $100.00 each which I have not used this school year.

I am requesting _____unused justifiable leave day(s) be converted to sick leave which I have not used this school year.

_____I have not used any justifiable leave and elect to receive a $400.00 total payment.

_____I have not used any justifiable leave and elect to have 4 days converted to sick leave.

_____
Signature

17.03 Procedures for Processing Unused Justifiable and Accrued Leave

A. By May 1 of each year, the District shall post an Unused Justifiable/Accrued Leave Form on the District website, the purpose of which is for each bargaining unit member to verify his/her unused justifiable and/or accrued leave and to indicate which option he/she will exercise for any unused justifiable and/or accrued leave. Each bargaining unit member shall have until the end of the last day of the teacher work year to complete and submit this form to the benefits coordinator.

B. If the benefits coordinator receives no completed form by the end of the last teacher work day, the unused justifiable leave shall automatically default to the sick leave option.

C. All unused justifiable leave that is converted to sick leave shall be converted by the first teacher work day of the teacher work year.

Please email this signed form to Sandra Harrell @ saharrell@lorainschools.org by the last teacher day of the school year.

Office use only

Verification # of unused accrued days_____

Verification # of unused justifiable days ____