



Sick Leave/Discretionary Leave Reimbursement Request

**This sick bank form should be completed and submitted upon separation of employment only if you meet the payout criteria. For Certified Staff, please refer to your Master Contract for the leave payout requirements. For Classified and APT Staff, please refer to your respective Employee Handbooks. **

I _____ have terminated my
(Print Name)
employment with Weld county School District 6 and am requesting
reimbursement for any unused sick and discretionary leave.

(Signature) (Date)

TO BE COMPLETED BY PAYROLL DEPARTMENT

Job Code: **002000**

Termination Date: _____ Date to be paid: _____

Sick Leave Balance: _____

Discretionary Leave Balance: _____

Total Hours: (SL + DL) _____

Total Hours / 8: _____

X

50% of Substitutes daily rate: \$80.00

Total to be paid: _____

Account Number to Charge:

- 10.676.25.2500.0000.0160.00.200.0000 (certified)
- 10.676.25.2500.0000.0160.00.400.0000 (classified/admin)