SICK LEAVE LIQUIDATION REQUEST FORM

Unused Sick Leave Cash Out

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

POSITION / TITLE

DATE OF REQUEST

DESCRIPTION	HOURS / DAYS	RATE ($)	TOTAL VALUE ($)
Total Accrued Unused Sick Leave			
Maximum Eligible for Cash Out			
Requested Cash Out Amount			
Remaining Sick Leave Balance		-	-

PAY PERIOD CODE

PROCESSING DATE

GL ACCOUNT NUMBER

COMMENTS / SPECIAL INSTRUCTIONS

EMPLOYEE SIGNATURE DATE

MANAGER APPROVAL DATE

HUMAN RESOURCES APPROVAL DATE

PAYROLL ADMINISTRATOR APPROVAL DATE