

PERSONAL LEAVE CARRY OVER/PAYOUT

I elect to carry over ___ personal days to FY____.(No more than 2) Any remaining unused personal leave days will be paid out at the rate of \$100 per unused day.

Employee Signature

****THIS FORM MUST BE COMPLETED AND TURNED IN TO THE TREASURER'S/PAYROLL OFFICE BY THE LAST DAY OF SCHOOL. THIS FORM WILL NOT BE ACCEPTED AFTER THIS DATE, RESULTING IN PAYMENT OF ALL REMAINING UNUSED DAYS**