



**DU PAGE COUNTY
REQUEST FOR PAYMENT OF ACCRUED SICK LEAVE**

*** Submit this completed form to the home department no later than ten (10) days prior to the requested pay date. If submitted later than ten (10) days, it will be processed on the next paycheck.**

Employee Name: _____ Employee # : _____

Employment Date: _____ Department: _____

I, _____, authorize DuPage County to payout _____.
 (Print Name) (Hours of Sick Leave)

Total Pre-FY 2012 sick hours to date: _____ Hours

Number of hours required to store: - _____ Hours (subtract)
 (30 times the # of hours worked each day)

Total hours available for payout: = _____ Hours (equals)

Payout percentage based on length of Service: _____ % _____ Percentage

For Employees hired up to and including 11/1/05

For Employees hired after 11/1/05

Years of Completed Continuous Service	Monetary Compensation Percentage Rate	Years of Completed Continuous Service	Monetary Compensation Percentage Rate
5 through 7 years	50%	8 years or greater	50%
8 through 10 years	67%	Upon separation or layoff the employee has the option to receive monetary compensation, or apply unused sick time to IMRF service credits. Please see Policy 5.4	
11 through 15 years	75%		
16 years or greater	100%		

Number of hours requested for payout: Hours _____ Pay Date _____
 (Maximum allowed days is 5 per year, one time per calendar year)

 Employee's Signature

 Date

CC: Human Resources Department.