

Sick Leave/Discretionary Leave Reimbursement Request

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: \$65.00

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)