

SICK LEAVE INCENTIVE FORM

To be eligible for this payment, Professional and Technical Staff must have reported on all scheduled work days, exclusive of personal leave, funeral leave, vacation leave, military leave, jury duty leave and worker's compensation leave, and worked the complete shift. The cash incentive of \$100.00 will appear on the employee's paycheck on the next scheduled pay date AFTER BEING RECEIVED BY THE PAYROLL DEPARTMENT.

Name: _____

SSN: _____

Department: _____

Campus: _____ Phone Ext: _____

I did not take any sick leave during the six month period indicated below:

_____ to _____
Date Date

I understand that I am eligible for a one time payment of \$100.00 for this time period. I further understand that each eligible six month period begins from either the date of the last sick leave submitted or the date of my last paid sick leave incentive. It is also understood that only two payments per year may be paid for the sick leave incentive.

Employee Date

Supervisor Department Head Date

Supervisor Dean Date

VP / Provost Date

Please forward this completed form to the Payroll Department, DTC