

PERSONAL LEAVE – DISPOSITION FORM

Negotiated Policy: GBGN-N

Please complete this form and submit to the
Central Administration Office

NO LATER THAN THE LAST DAY OF THE CURRENT SCHOOL YEAR

Name (please print)	Date	Signature

Please indicate your choice below.

- Please reimburse me ten (10) dollars per hour, payable on my June payroll check.
- Remain as personal leave.
- Convert to sick leave. I realize that 630 hours of accumulated sick leave is the maximum amount I may start the next year with.

Revised: 10/4/2017

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