



**CENTRAL ADMINISTRATION**

Dr. George E. Stone  
*Superintendent*

Jean Miccio  
*Assistant Superintendent for Instruction*

Dr. Tammy Cosgrove  
*Assistant Superintendent for Human Resources*

MaryEllen Herzog  
*Assistant Superintendent for Pupil Personnel Services*

Binoy Alunkal  
*Business Manager*

Jim Van Develde  
*Director of Communications*

**Hourly Employee Request for Sick Day Payment**

To: Payroll

From: \_\_\_\_\_, CSEA Hourly Employee  
(Please print name)

Position/Location: \_\_\_\_\_

Date: \_\_\_\_\_

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I am an hourly employee hired prior to June 30, 2008 and in accordance with Article 9 (Sick Leave Policy), Section 9.2, I am requesting payment for sick day(s) as follows:

Date of absence(s): \_\_\_\_\_

Date of hire: \_\_\_\_\_

Hours worked per day: \_\_\_ 0-2, \_\_\_ 2.1-4, \_\_\_ 4.1 or more

Request for Leave of Absence form attached: \_\_\_\_\_

Medical Excuse attached: \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_