



EXHIBIT A

**DU PAGE COUNTY
REQUEST FOR PAYMENT OF
ACCRUED SICK LEAVE - PRE-FY12 SICK BANK**

- **Submit this completed form to the home department no later than ten (10) days prior to the requested quarterly pay date. If submitted later than ten (10) days, it may be processed on the next quarter for disbursement.**

Employee Name: _____ Employee #: _____

Department Name: _____

Total Pre-2012 Sick Bank Time Available: _____

I am submitting my request to sell a portion, or all, of my accrued and banked pre-FY12 sick time (sick time earned prior to December 1, 2011). I understand that I may make this request up to four times per calendar year, at the payout percentage based on my length of service. Payments requested will be processed on the last pay of each quarter of the calendar year (last pay period of March, June, September and December) (see Policy 5.4 - Sick Time). I understand that once I sell this time, this will reduce my accrued sick time accordingly.

The following payrates shall govern the payment of accrued, unused sick time earned prior to December 1, 2011:

- **Employees hired up to and including November 1, 2005, are eligible for payment of accrued sick time earned and banked prior to December 1, 2011, at a rate of 100% of their current payrate.**
- **Employees hired after November 1, 2005, are eligible for payment of accrued sick time earned and banked prior to December 1, 2011, at a rate of 50% of their current payrate.**

My date of hire (or rehire) with the County is _____ and I am eligible for payment at a rate of _____% of my payrate.

Total number of hours requested for payout, in full day increments (full day increments are 7.5 hours or 8 hours) _____.

Quarter requested to receive payment: _____

Employee's Signature

Date

CC: Human Resources Department.