

APPENDIX A

**REQUEST FOR SUBSTITUTION OF SICK LEAVE**

This form must be completed and submitted no later than ten (10) days after the date for which such substitution is requested.

\_\_\_\_\_  
Name Title

I would like to substitute the following, in lieu of sick time, for the purpose of calculating overtime compensation:

Date absent: Month/Day \_\_\_\_\_ From: \_\_\_\_\_ m to \_\_\_\_\_ m

Total hours worked: \_\_\_\_\_

**SUBSTITUTION REQUESTED:**

- A. Compensatory Time \_\_\_\_\_
- B. Holiday Leave \_\_\_\_\_
- C. Personal Leave \_\_\_\_\_
- D. Vacation Leave \_\_\_\_\_

This represents my:

- First \_\_\_\_\_
- Second \_\_\_\_\_
- Third \_\_\_\_\_
- Fourth\* \_\_\_\_\_
- Fifth\* \_\_\_\_\_

Request for substitution this fiscal year.

(\*Satisfactory medical evidence must be attached.)

\_\_\_\_\_  
Employee Signature Date

**To be completed by the Chief Personnel Officer and returned to employee.**

Date received by Chief Personnel Officer \_\_\_\_\_

Decision: APPROVED \_\_\_\_\_ for \_\_\_\_\_ Hours of Substitution

DISAPPROVED \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature, Chief Personnel Officer Date

Distribution: Human Resources Office (original), Supervisor (copy), Employee (copy)