



Montgomery County  
Public Schools

**Request for Payment of unused Sick Leave**

Upon written request, unused sick leave will be paid to each employee who is regularly scheduled to work at least twenty (20) hours per week upon termination of employment from the Montgomery County Public School system and if requested within 60 days of such termination. Payment will not exceed a total of \$5,000.00 and will be computed at a rate of 25% of the daily salary, excluding coaches/sponsors' supplements in effect at the time of termination. To be eligible, an employee must have completed a minimum of five (5) years of uninterrupted service including the year of termination. Such service shall have been in a sick leave earning position in the Montgomery County Public School system. If the written request is not made within 60 days of termination of employment, unused sick leave will only be available for transfer to another school division in Virginia or, subject to its acceptance, a school division in another state. (See policy 5-7.5 for eligibility)

**Employee Name** \_\_\_\_\_

**Last 4 digits of SSN** \_\_\_\_\_

**Location** \_\_\_\_\_

**Hire Date** \_\_\_\_\_

I request payment for accumulated, unused sick leave due to termination of employment effective

\_\_\_\_\_ .

I understand payment will be computed at the rate of 25% of my daily salary, not to exceed a total of \$5,000.00 (gross). I understand that federal, state and social security taxes are applicable to this payment.

I certify that I have completed a minimum of five (5) years of uninterrupted service including the year of termination.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

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**OFFICE USE ONLY**

Annual Salary \$ \_\_\_\_\_ divide by # of Contract Days \_\_\_\_\_ = \$ \_\_\_\_\_  
Daily rate

Sick leave days remaining \_\_\_\_\_ X \$ \_\_\_\_\_ X 25% = \$ \_\_\_\_\_  
Daily rate Total Due

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