



Regis Catholic Schools
Request for Personal Time In Lieu of Sick Time

Employee name: _____

Date of Hire: _____

Current number of Sick Time hours: _____ (refer to last payroll voucher for balance)

Date(s) of Requested Leave: _____

Number of hours of Personal Time being requested: _____

Eligibility:

- Employed for a minimum of five (5) years
- Employed in a position that is eligible for Sick Time and/or Personal Time.
- At time of request, must have a Sick Time balance of at least 144 hours
- All Personal Time has been used prior to using Personal Time in lieu of Sick Time

Exclusions:

- You may not use Personal Time in lieu of Sick Time after **April 30th**
- You may not take/use more than 3 days of Personal Time in lieu of Sick Time per year

Requests for using Personal Time in lieu of Sick Time must be approved by your Building Administrator at least 2 weeks prior to requested date.

I understand that if this request is approved, my leave balance will be adjusted as follows: 16 hours of Sick Time = 8 hours of Personal Time

Employee Signature

Date

Building Administrator Signature

Date

Return to Jen Eager, Human Resources Director at Central Office

For HR use ONLY: Date received: _____ Frontline adjusted: Payroll adjusted:

Hours of Personal Time granted: _____ Hours of Sick Time to be deducted: _____