## SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT

"We empower life-long learning, provide innovative experiences and embrace challenges.

Every small step makes a difference."

## SOEA Sick Day Payout Form

Name:	Employee ID#
School:	
= Number of sick days accrued as	of May 1, 2020 (must have at least 20 days)
= Number of sick days used during	g the 2019-20 school year
= Number of sick days requesting	to sell back
Employee Signature	Date
Building Principal Signature	 Date
	Central Office before May 15, 2020
Office U	se Only
Does the request meet contract guidelines?	Yes No
Number of days requesting to sell back:	
Daily rate of pay:	
Percent of daily rate:	
Number of Sick Days Used	% Payout of Sick Days
0	95%
1	90%
2	75%
3	55%
4	50%
5	45%
6 or more	40%
	per of days deducted:
Treasurer Signature	 Date
Superintendent Signature	 Date

304 MILL STREET = WOODSFIELD, OH 43793 = PHONE: 740-472-5801 = FAX: 740-472-5806

Rob Caldwell, Superintendent \* Jennifer Bohach, Assistant Superintendent Interim \* Connie Kress, Treasurer