



**DU PAGE COUNTY  
REQUEST FOR PAYMENT OF ACCRUED SICK LEAVE**

**\*\*\*This form must be submitted to the Human Resources Department no later than ten (10) days prior to the requested pay date. If submitted later than ten (10) days, it will be processed on the next paycheck.**

Employee Name: \_\_\_\_\_ Employee # : \_\_\_\_\_

Employment Date: \_\_\_\_\_ Department: \_\_\_\_\_

I, \_\_\_\_\_, authorize DuPage County to payout \_\_\_\_\_.  
 (Print Name) (Hours of Sick Leave)

Total Pre-FY 2012 sick hours to date: \_\_\_\_\_ Hours

Number of hours required to store: - \_\_\_\_\_ Hours (subtract)  
 (30 times the # of hours worked each day)

Total hours available for payout: = \_\_\_\_\_ Hours (equals)

Payout percentage based on length of Service: \_\_\_\_\_ % \_\_\_\_\_ Percentage

**For Employees hired up to and including 11/1/05      For Employees hired after 11/1/05**

<b>Years of Completed Continuous Service</b>	<b>Monetary Compensation Percentage Rate</b>	<b>Years of Completed Continuous Service</b>	<b>Monetary Compensation Percentage Rate</b>
5 through 7 years	50%	8 years or greater	50%
8 through 10 years	67%	Upon separation or layoff the employee has the option to receive monetary compensation, or apply unused sick time to IMRF service credits. <b>Please see Policy 5.4</b>	
11 through 15 years	75%		
16 years or greater	100%		

**Number of hours requested for payout: Hours \_\_\_\_\_ Pay Date \_\_\_\_\_**  
 (Maximum allowed days is 5 per year, one time per calendar year)

\_\_\_\_\_  
 Employee's Signature Date

\_\_\_\_\_  
 Supervisor's Signature Date

**PAYROLL DIVISION USE ONLY**

Current Sick Balance	Hours
Sick Hours Sold	Hours
New Sick Balance	Hours

\_\_\_\_\_  
**Entered By Date**