

## Annual Sick Leave Payment Option Form

**To be submitted to HR by December 1**

I, \_\_\_\_\_, an LSSU faculty member, wish to exercise my option to receive payment for accrued sick leave. I understand that this choice is irrevocable, and that payment for sick leave results in a reduction in my accumulated sick leave hours. I verify that I have the minimum hours required to receive this payment (see chart below). The total number of sick leave hours is available on Anchor Access (Employee Tab: Leave Balances) NOTE: Actual payment amount is dependent on the number of faculty who elect this option each year, as outlined in section 15.2.2.3 of the LSSUFA contract.

\_\_\_\_\_  
Faculty member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Director

\_\_\_\_\_  
Date

Academic Year	Minimum Hours of Sick Leave Required by December 1	Number of sick leave hours deducted from sick leave
2010-2011	504	24
2011-2012	512	32
2012-2013	520	40