

**CITY OF AUSTIN
SICK LEAVE FOR FITNESS PROGRAM
AUTHORIZATION PAYMENT FORM**

DATE: _____

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____ DEPARTMENT: _____

BALANCE OF SICK LEAVE ACCOUNT: _____

TOTAL DOLLAR AMOUNT OF RECEIPTS ATTACHED: \$ _____

TOTAL AMOUNT DUE EMPLOYEE: \$ _____
(maximum total reimbursement of \$1,000 per calendar year)

GL ACCOUNT CODE: _____ 75-4900-129 _____

**EXPENSE ONLY TO BE REIMBURSED FROM APPROPRIATELY ATTACHED
RECEIPTS AND PROPER SICK LEAVE ACCOUNT BALANCE**

AUTHORIZED FOR PAYMENT BY:

Finance Department Use Only:

Dollar Value of Accrued Sick Leave: _____

Number of Sick Leave Hours Adjustment Necessary: _____
(must maintain a balance not lower than 500 after the adjustment)

Amount Paid to Employee: _____

Date of Sick Leave Hours Adjustment: _____

W/E Payroll Date Payment was Made: _____

Payroll Check Number Including Payment: _____

Sick Leave Hours Adjusted by: _____