

Richland Parish School Board
Sick Leave Severance Request Form

___ I request pay for up to 25 accumulated sick leave days at the beginning of DROP.

___ I request pay for up to 25 accumulated sick leave days when my employment terminates.

___ I request pay for up to 25 accumulated sick leave days after DROP date occurred.

_____ Signature of Employee _____ Date Signed

Employee Number		Number of Sick Days Available or 25 whichever is less	
Name of Employee		Total Salary	
General Ledger Account Code		Work Days Per Year	
Sick Leave Severance Account Code		Daily Rate of Pay	
		Salary Calculations	
		12 Checks	
		Two-year 13 th Check Average	
		Two-year 14 th Average Check	
		Total Salary	

Earning Code: 24 Amount of Check: _____

Approved By: _____

Date Approved: _____

(Total Salary Includes 12 monthly checks, 13th check three-year average and 14th check three-year average.)

(IRS Method B used for taxes)

No retirement is due on severance checks.

Sick days will be removed from balance.