

MICHIGAN CITY AREA SCHOOLS APPLICATION FOR PAYOUT OF UNUSED PTO

STAFF MEMBER DATA

Name: _____ Building: _____ Date Submitted: _____

In accordance with Article 5, N of the CBA,

I hereby apply to receive a one-time cash payment for _____ unused Personal Time Off (PTO) days not used during the current school year. I understand that compensation is at a rate of \$100 per unused PTO (identified above). I further understand that once this request for compensation has been submitted, the PTO days will not be retained and will not be rolled over to accumulated days. *(Please fill in the number of days in the blank above.)*

My signature on this form indicates that I am opting in for the Teacher Attendance Stipend.

Date

Applicant Signature

Approved on

Associate Superintendent Signature

Article 5, N:

Teacher Attendance Stipend

1. A teacher attendance stipend encourages improved teacher attendance which will positively impact student growth and achievement in the classroom. Teachers will be compensated at a rate of \$100 per unused Personal Time Off (PTO) days not used during the school year (12 maximum per year).
2. Teachers will be compensated on the last pay period of the contractual period (26th pay).
3. Teachers must opt in for the stipend and may retain PTO days not used towards the stipend.

**Submit form to human resources within five (5) working days of the last teacher workday.
Please note: Payment will be made, once paperwork is completed, on the 26th pay.**

For office use only:

Date Received in Personnel:		PTO Balance:	
Paycheck Date Paid		Retirement (Yes/No)	