

MICHIGAN CITY AREA SCHOOLS APPLICATION FOR PAYOUT OF UNUSED PTO

STAFF MEMBER DATA

Name: _____ Building: _____ Date Submitted: _____

In accordance with Article 7, K of the CBA,

I hereby apply to receive a one-time cash payment for _____ unused Paid Time Off (PTO) days not used during the current school year. I understand that compensation is at a rate of \$50 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 Attendance Stipend.

Date

Applicant Signature

Approved on

Associate Superintendent Signature

Article 7, K:

Attendance Stipend

1. An attendance stipend encourages improved attendance which will positively impacts student growth and achievement in the classroom. Members will be compensated at a rate of \$50 per unused Paid Time Off (PTO) days not used during the school year (12 maximum per year).
2. Payment will be made the last pay period of June.
3. Members must opt in for the stipend and may retain PTO days not used towards the stipend.

Submit form to human resources by the last student attendance day of the school year the request is being made.

Please note: Payment will be made, once paperwork is completed, on the last pay in June.

For office use only:

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