

# LAFAYETTE PARISH SCHOOL SYSTEM

## Sick or Annual Leave Pay Form

I, \_\_\_\_\_ plan to

\_\_\_\_\_ Retire / \_\_\_\_\_ Drop / Date: \_\_\_\_\_

**I would like to get paid for:**

\_\_\_\_\_ **25 days of sick leave** (up to)

\_\_\_\_\_ **All Annual Leave** (244 day employees)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Date**