HAZLETON AREA SCHOOL DISTRICT DISPOSITION OF UNUSED PERSONAL DAYS

THE UNDERSIGNED	HEREWITH REQUES	STS PAYME	ENT FOR		
				(AMOUNT OF	DAYS)
PERSONAL DAYS NO	OT USED DURING TH	HE 20	20	SCHOOL Y	EAR.
	Aì	ND/OR			
THE UNDERSIGNED	HEREWITH REQUES	STS THAT _	(AMOUNT		RSONAL
DAYS, NOT USED DURING THE 20 20			_ SCHOOL YEAR, BE ADDED TO		
ACCUMULATED SIC	K LEAVE.				
NAME:					
	(PLEASE PRINT)				
			DA	TE:	
	(SIGNATURE)				
SOCIAL SECURITY N	IUMBER:				

THIS FORM MUST BE RECEIVED IN THE OFFICE OF THE SUPERINTENDENT NO LATER THAN JUNE 1ST OF EACH YEAR.

IF NO FORM IS RECEIVED, UNUSED PERSONAL DAYS WILL REMAIN PERSONAL DAYS.

FORM IS AVAILABLE WITH YOUR OFFICE SECRETARY, OR ON THE HAZLETON AREA SCHOOL DISTRICT WEB SITE.