**REQUEST FOR LOW SICK LEAVE UTILIZATION STIPEND**

Pursuant to the agreement between the Brockton School Committee and the Brockton Education Association (Article XVII, Sec. F), teachers who have utilized less than four sick days during the 2019-2020 school year and have accumulated at least thirty-five (35) days of sick leave, are eligible to redeem one or more sick days at the rate of $100 per day. The days redeemed will be deducted from the teacher's total accumulated sick leave days.

Teachers who are eligible and who wish to redeem days shall notify Dr. Kathleen Moran, Executive Director of Human Resources, in writing by June 1 of the year in question. The completed form must be emailed to the following email address [BEABUYBACK@bpsma.org](mailto:BEABUYBACK@bpsma.org). Failure to so notify Dr. Moran will exclude a teacher from receiving a low sick leave utilization stipend for that year.

Use the schedule below to calculate the requested stipend:

|  |  |
| --- | --- |
| Number of sick leave days used during the  2019-2020 school year | Maximum number of days that may be redeemed  at the rate of $100.00 per day |
| 0 | 4 x $100 = $400 |
| .5 | 3.5 x $100 = $350 |
| 1 | 3 x $100 = $300 |
| 1.5 | 2.5 x $100 = $250 |
| 2 | 2 x $100 = $200 |
| 2.5 | 1.5 x $100 = $150 |
| 3 | 1 x $100 = $100 |

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I am eligible to receive a low sick leave utilization stipend for the 2019-2020 school year. I wish to redeem the number of sick days indicated below. I understand that the days I redeem will be deducted from my total accumulated sick leave days.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Days Redeemed | x $100 = | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Stipend |
|  |  |  |
| Teacher's Name (PRINT) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| School/House | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Employee ID # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date | |

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It is the responsibility of the BEA member to return this completed form to Dr. Moran, Executive Director of Human Resources, via email at BEABUYBACK@bpsma.org, by June 1, 2020.