**REQUEST FOR PERSONAL LEAVE DAY UTILIZATION INCENTIVE**

Pursuant to the agreement between the Brockton School Committee and the Brockton Education Association (Article XVIII, Sec. A), teachers who have utilized less than five (5) days of sick leave during the 2019-2020 school year are eligible to redeem up to three (3) unused personal leave days. Unused personal leave days which are redeemed will be deducted from the teacher’s personal leave days and shall not accumulate as 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 personal leave day utilization incentive for that year.

Use the schedule below to calculate the requested stipend:

|  |  |
| --- | --- |
| Number of personal leave days used during the  2019-2020 school year | Number of personal days that may be redeemed  and total payment |
| 0  1  2 | 3 = $300  2 = $300  1 = $100 |
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I am eligible to receive a personal leave day utilization incentive for the 2019-2020 school year. I wish to redeem the number of personal leave days indicated below. I understand that the days I redeem will be deducted from my total personal leave days and shall not accumulate as sick leave days.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Days Redeemed |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.