

Sequim School District No. 323

"Engage Empower Thrive"
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Sequim Association of Paraeducators Personal Leave Carry Over Request Form

Last Name		First	First Name	
■ Please carry over the following amount of hours:				
my c	submitting this request to carry over the collective bargaining agreement. My signa e to the following:	=	-	
h	SAP Members may accrue up to a maximum of four (4) days of personal leave per year. Members have the option of taking personal leave during the year or of being compensated for accrued days of personal leave at the employees' hourly rate on the July pay Warrant. The Member must provide notice to the District of their intent to carry over one personal leave day. In the event that a request is not received, the leave will automatically be cashed out at the employees' hourly rate on the July pay Warrant.			
d				
3. O	ace approved, this request is irrevocable.			
	Return this request to the Payroll Department by the 10th of July. Any requests received after that date will not be processed.			
Employee Signature		Date		
FOF	R ADMINISTRATIVE USE ONLY:			
Balar	nce before carry over: Hours carrie	d over:	= Balance after carry over:	
Hou	rs cashed out: x Hourly rate:	= Total	Dollars:	

Instructions

Login into your Employee Access in Skyward to view your leave balances.

- 1. Click on the TIME OFF button.
- 2. Click the MY STATUS button.
- 3. You'll see a screen showing each category of leave available to you in the TIME OFF CODE column.
- 4. Under the AVAILABLE column is the balance of leave that is available to use. See highlighted picture below.

Note: SAP members can only carry over a maximum of one (1) personal day

