

**Accumulated Sick Leave Compensation  
Application**

\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Location/Work Site

Pursuant to Policy 4151 (2)(A) or Policy 4873 (6), of the Board of Education of Cherry Creek School District, I hereby apply for compensation for accumulated sick leave.

1. Number of days of accumulated sick leave: \_\_\_\_\_

2. **Option A:**

Number of days to be paid at substitute teacher rate: \_\_\_\_\_

a)  $\frac{\text{_____}}{\text{(# of days)}} \times \frac{\text{_____}}{\text{(sub rate of pay)}} = \text{_____}$

OR

**Option B:**

Number of days in excess of 35 to be paid at 1/2 the employee's highest per diem rate during the last five years of employment.

b)  $\frac{\text{_____}}{\text{(# of days)}} \times \frac{\text{_____}}{\text{(1/2 per diem)}} = \text{_____}$

AND/OR

3. Days to be paid at the per diem rate which the District and employee have mutually agreed to:

$\frac{\text{_____}}{\text{(# of days)}} \times \frac{\text{_____}}{\text{(current per diem)}} = \text{_____}$

4. **Adjustments**

If any or all of the days of the accumulated sick leave are used prior to the effective date of separation, the total payment as reflected above shall be adjusted with respect to compensation for unused sick leave.

5. **Payment Schedule**

If it is mutually agreed to by the retiree and the District, the retiree may work as a consultant in the District.

Payment for the days worked will be based on the retiree's current per diem pay.

**TEACHING PERSONNEL**

**Administrative Procedure: 4151.6 and 4873.2**

Payment for these days worked will be made the month following the days worked.

It is understood that any days worked as a consultant will be deducted from the retiree's accumulated sick leave.

\_\_\_\_\_ equal payments of \$\_\_\_\_\_ paid \_\_\_\_\_

(monthly, yearly) commencing \_\_\_\_\_, 20\_\_\_\_\_.

In the future, the retiree may, at the District's option be asked to do additional work as a consultant. This work would be arranged by a separate agreement between the retiree and the District.

- 6. Upon my death, any unpaid portion of my accumulated sick leave compensation shall be due and payable in full to:

\_\_\_\_\_

my designated beneficiary, if payment can be made in such a manner under existing statutes.

Signature (Retiree): \_\_\_\_\_

Date: \_\_\_\_\_

For the District:      Cherry Creek School District No. 5  
                                 Arapahoe County  
                                 State of Colorado

By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Superintendent, Mary F. Chesley, July 1, 2009