

Authorization for Repayment of Advance for Sick Pay

I, _____, have requested to borrow sick time of _____ day/days which is more than the number of sick time which I have earned to date. In order to use this sick time, I request that the City advance sick time to me for _____ hours times my current hourly rate of pay _____, which amounts to _____.

In the event that my employment is terminated or I resign prior to earning enough sick time to cover this advance, I agree to;

- A. Repay any remaining unearned balance at the time I cease to be employed by the City; and to;
- B. Allow the City to deduct any amount that I owe from my last paycheck and/or any future pay out check that may be due to me after the termination of my employment.

Dated: _____

Signature: _____

Print Name: _____

Department Head: _____

Personnel Director: _____

Please return this form to the Personnel Department as soon as possible.