



SALARY REFIGURE AUTHORIZATION
OVERUSED SICK LEAVE

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COMPLETE ONLY IF REQUEST IS DUE TO OVERUSED SICK LEAVE

THIS FORM SHOULD NOT BE USED FOR MATERNITY LEAVE

Total number of days to refigure salary:

(minimum of three days)

Individual dates that are to be docked:

I understand and agree that it is my responsibility to notify the Payroll Department of any changes in the information I have listed above.

Signature

Date