**Msgr. Farrell High School**
**2900 Amboy Road**
**Staten Island, New York 10306**

**SICK DAY REIMBURSEMENT REQUEST**

DATE: _____

TO: _____

FROM: _____

**Our records indicate the following regarding sick/personal days for the _____ school year:**

Number of days entitled to _____ (as sick/personal days)

Total used _____ (sick/personal)

Remaining unused days _____

**Please fill in below:**

I wish to be paid for _____ unused days at $80 per day.

I will bank _____ days.

In order that we may close the records, please sign this sheet and return one copy to me.

Your immediate attention will be appreciated since payment for unused days will be made in July.

Teacher's Signature: _____

Date: _____