APPENDIX D

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

SICK LEAVE RECORD

Teacher's Name _____ Date Employed: _____
(month/year)

Teacher's Annual Salary: $_____ Daily Rate: $_____
Annual / 180

_____ A. Sick days earned/accumulated as of June 20__. (For 2023 agreement, maximum is 120.) If first hired in or after September of current school year, write "0".

_____ B. Sick days entitled to for **20__ – 20__**.

_____ C. Total sick days available as of September ____20 (Add A + B).

Sick Days Used & Paid During 20_____ — 20_____. Please insert dates:

1 _____	2 _____	3 _____	4 _____	5 _____	6 _____	7 _____	8 _____	9 _____	10 _____
11 _____	12 _____	13 _____	14 _____	15 _____	16 _____	17 _____	18 _____	19 _____	20 _____
21 _____	22 _____	23 _____	24 _____	25 _____	26 _____	27 _____	28 _____	29 _____	30 _____
31 _____	32 _____	33 _____	34 _____	35 _____	36 _____	37 _____	38 _____	39 _____	40 _____
41 _____	42 _____	43 _____	44 _____	45 _____	46 _____	47 _____	48 _____	49 _____	50 _____
51 _____	52 _____	53 _____	54 _____	55 _____	56 _____	57 _____	58 _____	59 _____	60 _____
61 _____	62 _____	63 _____	64 _____	65 _____	66 _____	67 _____	68 _____	69 _____	70 _____

_____ D. Total sick days used/paid during **20__ – 20__**.

_____ E. Day allotted to community sick bank (Enter "1" or "0").

_____ F. Total sick days accumulated as of June 20**___.** (Line C minus Lines D & E; however, as of June 2010, remainder cannot be greater than 65.)

_____ _____
Teacher's Signature Principal's Signature

_____ _____
Date Date