

**County of Dukes County**  
**Acknowledgement of**  
**Sick Leave Bank Award**

**Sick Leave Bank Request Approval**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Re: Personnel Bylaws 11.12 - Sick Leave Bank

I, \_\_\_\_\_, the undersigned employee of the County of Dukes County, acknowledge the receipt of \_\_\_\_\_ days from the Sick Leave Bank.

I understand that I am required to repay the bank for one half of the sick days awarded (i.e. for a 30 day grant I am obligated to repay 15 days.)

I understand that I need to repay the Sick Leave Bank at the rate of six (6) days per fiscal year based on one (1) day pay back every two (2) months.

I understand that if I leave the employment of the County prior to re-paying one half of the Sick Leave Bank days used, any accumulated sick leave will first be used towards the repayment of the Sick Leave Bank before being reimbursed to me.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*