

Diocesan Business Office
 Diocese of Fort Wayne – South Bend
 P.O. Box 390
 Fort Wayne, IN 46801

FUNDED SICK DAY TERMINATION PLAN

Section I: To be completed by teacher

Teacher Name: _____ Date of Employment (Diocese): _____

I request the following number of sick days be allocated to the Funded Sick Day Termination Plan.
*Days are funded based on number of completed years of contracted teaching service at the following, per day, rates:
 0-9 years-\$25; 10-19 years- \$30; 20-29 years- \$35; 30-39 years- \$40; 40-40+ years- \$45.*

School Year	Completed Diocesan Y.O.S**	# of Days to be Funded	# of Days to be Funded					Remaining Unfunded Days
			X \$25	X \$30	X \$35	X \$40	X \$45	
Teacher Signature: _____			Principal Signature: _____					Date: _____
Teacher Signature: _____			Principal Signature: _____					Date: _____
Teacher Signature: _____			Principal Signature: _____					Date: _____
Teacher Signature: _____			Principal Signature: _____					Date: _____
Teacher Signature: _____			Principal Signature: _____					Date: _____
Teacher Signature: _____			Principal Signature: _____					Date: _____

** See current contract- "Pay recognizing XX years of Fort Wayne-South Bend Diocesan Teaching experience".

Section II:

For days to be funded, this form **MUST** be accompanied by a check (at the appropriate rate of pay per day) from the parish/high school to the Diocese of Fort Wayne-South Bend and submitted to the Business Office. A copy of the teacher's Accumulated Sick Leave Form should accompany this request.

Parish/High School: _____ Parish #: _____

Copies to: Teacher, School, Parish (Elementary), Diocesan Business Office