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: _____

Beginning Employment Date: _____

I request that the following number of sick days be allocated to the Funded Sick Day Termination Plan.

School Year	# of Unused Sick Days	# of Days To Be Funded	# of Days Funded X $25	Remaining Unfunded Days

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____

School: _____ Location: _____

Section II:
For days to be funded, this form **MUST** be accompanied by a check ($25 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 #: _____

Pastor/High School
Principal Signature: _____ Date: _____

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

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