

26524 John R · Madison Heights · MI · 48071
(248) 399-7800 FAX (248) 399-2229

ANNUAL SICK AND PERSONAL DAY BONUS REQUEST FORM

Instructions:

Please complete and submit to payroll by the last day of school.

Employee Name <i>(print)</i>		Date of Request
Job Title	Building	

Dates of all sick and personal days used, a max of 4 days to qualify for bonus:

Date	Date	Date	Date
Reason:	Reason	Reason	Reason

Check Which Bonus Applying For:	<input type="checkbox"/> 2 or less = \$2,000 <input type="checkbox"/> 3 or less = \$1,500 <input type="checkbox"/> 4 or less = \$1,000
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Employee Signature	Date
Supervisor Signature	Date