



# MOUNT CARMEL AREA SCHOOL DISTRICT

Peter Cheddar, Superintendent  
600 West Fifth Street  
Mount Carmel, PA 17851-1897  
Phone: 570-339-1500 Fax: 570-339-0487

## Mount Carmel Area School District Teacher Sick Day Reimbursement Request

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

Date: \_\_\_\_\_

I am requesting reimbursement for \_\_\_\_\_ unused sick days (max of 5) @\$100 per day as per the terms of the CBA for the \_\_\_\_\_ fiscal year.

Employee Signature: \_\_\_\_\_

Please submit to the District Office prior to June 1st of the year for which you are requesting reimbursement.