![Montgomery County Public Schools logo]

**Montgomery County
Public Schools**

Request for Payment of unused Annual Leave

Employee Name   _____

Last 4 digits of SSN   _____

Location   _____

I request payment for accumulated, unused Annual Leave due to termination of employment

effective _____ .

I understand payment will be computed at the rate of 100% of my daily salary, not to exceed a total of thirty-six (36) days. I understand that federal, state and social security taxes are applicable to this payment.

_____   _____

Employee Signature   Date

_____

OFFICE USE ONLY

Annual Leave days remaining _____ X $ _____ = $ _____
                                                                              Daily rate   Total Due

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