Request for Personal Day Reimbursement

According to the Collective Bargaining Agreement, employees may elect to surrender one or more unused Personal days for compensation to be paid by September 30th at the rate of $120.00 for each day surrendered.*

Name: _____

Position: _____

Program: _____

Number of Personal Days surrendered for compensation: _____

By signing and submitting this form, I understand that this request is irrevocable.

_____ _____

Employee Signature Date

***This form must be completed and submitted to payroll@swcccase.org by May 31st for 10 month employees and by June 15th for 12 month employees.**

Updated 02/02/2026 KK