Print Form

Disability Hours Used/Accrual of Time Owed Sick Leave and Personal Leave

Name		CBU	Amount
Supplemental	Return-to-Work Date	Plus Hours @ Rate	Waiting Period Dates: From / To

Benefit Dates

From	To	From	To	From	To	From	To
From	To	From	To	From	To	From	To

			Sick Leave Accrual			Personal Leave Accrual		
			Normal	Actual	Difference	Normal	Actual	Difference