



Brownsville Independent School District Payroll Department

1900 Price Road #301 • Brownsville, Texas 78521-2417 • (956) 548-8391

Dr. René Gutiérrez
Superintendent of Schools

Request for Payment of Local Sick Leave Days

To: Chief Financial Officer

I am retiring as of _____ and my term date is _____.
Please accept this letter as a request for reimbursement of my unused local sick leave days as per Board Policy DEC (Local). I understand that the reimbursement will occur only after verification of my retirement through the Teacher Retirement System (TRS) of Texas
(*Request must be submitted no later than 60 days after the employee's termination date*).

Name: _____

ID#: _____

Work Location: _____

Location #: _____

Certified ☐

Classified ☐

Bi-Weekly ☐

Sincerely,

Employee Signature

Date

*** Payroll Use Only ***

TRS Retiree: Yes ☐ No ☐

Local Sick Days Available

Local Days to be Paid

Verified By: _____
Payroll Administrator

Date: _____

Approved By: _____
Chief Financial Officer

Date: _____