

Storm Day Payment Program
Support Staff Collective Bargaining Agreement
Page 10, Article 8 E. 2

Payroll Withholding Form

I would like to participate in the RSU #3 program pertaining to its storm day payment program.

In the event that the first five (5) storm days occur during the months of November, December, January, or February, I would like to be paid for the storm days. I understand I must work any and all makeup days, and will not be further compensated for such work.

I, *(please print name)* _____ agree to allow RSU #3 to withhold from my paycheck the amount paid for any storm day if I do not work on the rescheduled workday. I also agree to repay the District prior to my final workday any outstanding money owed due to this advanced payment if my employment ends; and I understand I will not be allowed to use any paid leave on any of the five (5) makeup storm days and if I am absent on any such days I will have my salary docked.

Employee signature _____

Date _____

cc: Personnel File

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For Office Use Only:

Storm Day #1 _____ Gross Amt Paid \$ _____ Make Up Date _____ Worked: (yes) _____ (no) _____

Storm Day #2 _____ Gross Amt Paid \$ _____ Make Up Date _____ Worked: (yes) _____ (no) _____

Storm Day #3 _____ Gross Amt Paid \$ _____ Make Up Date _____ Worked: (yes) _____ (no) _____

Storm Day #4 _____ Gross Amt Paid \$ _____ Make Up Date _____ Worked: (yes) _____ (no) _____

Storm Day #5 _____ Gross Amt Paid \$ _____ Make Up Date _____ Worked: (yes) _____ (no) _____