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**Income Protection Benefit**

**Authorization to Supplement Benefit**

Signature Sheet

After your initial 28 days of sick leave, you are eligible for 152 days of

INCOME PROTECTION BENEFIT at 80% of salary.

You may elect to use any or all of your accrued sick time, personal or vacation

to make up the other 20% of pay.

If you are interested in using any accrued sick time for your disability, you must fill out this form

and return it to the Office of Human Resources, Benefits Office.

**20% MAKE UP PAY WHILE OUT ON SHORT-TERM DISABILITY**

Community College of Philadelphia

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JOB TITLE/DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Community College of Philadelphia to use any or all of my accrued sick personal or vacation time to make up the 20% of pay while I am out on short-term disability.

\_\_\_\_\_\_ Sick \_\_\_\_\_\_ Personal \_\_\_\_\_\_ Vacation

If you are interested in using your time, please indicate which you want to use first, second and third.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_