

New Orleans Firemen's
Pension & Relief Fund

Sick Leave Allocation Form

Date: _____

I, _____, do hereby allocate the use of
_____ days of my accumulated Sick Leave to be used in my pension
calculation. I understand these Sick Leave days will be permanently deducted from my
total number of Sick Leave days. **Due to issues with the City of New Orleans this will
be an irrevocable decision.**

Signature