



**Maintenance and Trades  
Bargaining Unit  
Annual Sick Leave Buy-Back Form**

**Section 1: EMPLOYEE DATA**

1. Employee ID			Date Received in HR
2. Employee Name			
3. Address			
4. City	5. State	6. Zip Code	
7. Personal Email	8. Home Phone	9. Mobile Phone	

**Buy Back Information**

Bargaining unit members are eligible to buy back their annual unused sick leave credits, up to a maximum of six (6) days. To participate in the buyback process this form should be filled out and returned to the office of Human Resources and Equal Opportunity & Outreach by June 30<sup>th</sup>.

<u>Sick Leave Days Used</u>	<u>Cash In Allowed</u>	<u>Cash In Value</u>
0	6	6 days (100%)
1	5	5 days (100%)
2	4	3 days (75%)
3	3	2.25 days (75%)
4	2	1 days (50%)
5	1	0.5 days (50%)
6 or more	0	0 days (0.0%)

Sick days cashed in shall be deducted from the employee's sick leave balance. Payment shall be made no later than the last pay period in July.

I am requesting to buy back sick leave in accordance with the collective bargaining agreement covering my position

Sick Leave total used between last July 1, and June 30, of current year: \_\_\_\_\_

Days requested to buy back \_\_\_\_\_

Employees Signature	Date
---------------------	------

**OFFICE USE ONLY**

SKA; <u>PAYROLL DATA ENTRY</u>	SCI: _____	By (Initials): _____	Date: _____
--------------------------------	------------	----------------------	-------------