



LEAVE PLAN

606.5F – SICK LEAVE BUY BACK FORM

Non-Represented FLSA Non-Exempt and Exempt Employees

Complete Section I and submit to Executive Office Manager (Human Resources) by the last day of the first pay period in November.

Section I:

Date: _____

Requesting employee: _____

Job Title: _____

I request a buy-back of the following sick leave hours: _____

Non-Represented FLSA Non-exempt and Exempt Employees: I have read and understand the Sick Leave Buy Back Program policy as stated: Non-Represented FLSA Non-exempt and Exempt employees have the option to participate in the District's annual sick leave buy-back program. If any such employee has an excess of the following Minimum Required Sick Leave Balances (see chart below) accrued as of the first pay period ending in November of each calendar year, he/she shall have the option to "cash-in" up to a maximum of 40 hours less any sick leave hours used during the year (e.g., 40 hours less 16 hours of used sick leave = 24 hours eligible for buy back) to a minimum of 16 hours as follows:

Sick Time Used During Calendar Year	Total Amount of Sick Leave Available to "Cash In"	Minimum Required Sick Leave Balance
0 hours	40 hours	340 hours
1 - 8 hours	32 hours	332 hours
9 – 16 hours	24 hours	324 hours
17+ hours	16 hours	316 hours

Participation in this program is optional, and the employee's sick leave bank must equal at least 300 hours after the District "buys back" his/her hours.

Employee's Signature: _____ Date: _____

Section II: To be completed by the Executive Officer Manager (Human Resources) and District Accountant

Approved

Denied

Reviewed by Human Resources: _____

Date: _____

Reviewed by District Accountant: _____

Date: _____