

SOA ACCRUED SICK TIME BUYBACK FORM

Under the provisions of Article XXI paragraph C of the SOA contract, the undersigned elects to buy back allotted sick time. The rate of pay shall be calculated at the time of payment based on a 238 day work year. No buy out shall be permitted unless at the time of election the Employee must have at least 125 days accumulated. Buyouts shall be in lots of 10 days.

\_\_\_\_\_, \_\_\_\_\_ hereby requests  
Employee name Social security number

that \_\_\_\_\_ accrued sick days be redeemed. (Number of days in lots of 10)

Date of hire \_\_\_\_\_

Number of sick days to be redeemed \_\_\_\_\_

Accrued sick time remaining after this buyback \_\_\_\_\_

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Verified by \_\_\_\_\_, prior to September 1, \_\_\_\_\_  
Employee in Accounting Office

Approved by \_\_\_\_\_  
Supervisor's Office

to be paid in January of the new year

\_\_\_\_\_

Supervisor's Office forwarded to Accounting on \_\_\_\_\_