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| horiz_logo_with_tag.jpg | **Teamsters****Bargaining Unit****Annual Buy-Back Form (Sick Time)** |  |
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| **Section 1: EMPLOYEE DATA** |  |
| 1.Employee Payroll ID (if known) | Date Received in Benefits Office |
| 2.Employee Name |
| 3.Job Title |
| 4. Date of Last Hire (Benefited) | 5. Department | 6. Manager: |
| 7.Work Email | 8.Work Phone | 9.Mobile Phone |
| **Buy Back Information**  |  |
| Sick Buy Back\_\_ I am requesting to buy back in accordance with Article 8, Section 1 of the collective bargaining agreement.Calendar year 2014 \_\_\_\_\_ Cash in of 50% up to 8 daysCalendar year 2015 \_\_\_\_\_ Cash in of 75% up to 8 daysCalendar year 2016 \_\_\_\_\_ Cash in of 75% up to 8 days**Sick leave used Sick leave cashed in**  **at % indicated above:****0 days 8 days****1 day 7 days****2 days 6 days****3 days 5 days****4 days 4 days****5 days 3 days****6 days 2 days****7 days 1 day****8 days or more 0 days**Requests should be submitted after the calendar year period by March 1st. |
| Employee Signature |  Date |
| Manager Signature |  Date |
| **OFFICE USE ONLY** |
| ***PAYROLL DATA ENTRY*** **By (Initials**):\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Benefits Verification** |