



**SEIU Employee  
Bargaining Unit  
Sick Time Buy-Back Request Form  
(Calendar Year)**

**Section 1: EMPLOYEE DATA**

1. Employee ID			Date Received in HR
2. Employee Name			
3. Address			
4. Job Title	5. Department	6. Date of Hire (Benefited Position)	
7. Personal Email	8. Cell Phone	9. Work Phone	

**Sick Buy Back Information**

According to Article 13 (A) (c) of the bargaining unit contract, SEIU professional unit employees who are eligible to retire\* may request a cash out of the sick time they had accrued for the calendar year, however payment will be made at the rate of 50% for each day unused. The maximum payment shall not exceed one half of their annual accrual.

The decision to request a cash out on unused, accrued sick time in accordance with this provision must be made by March 1 for the prior calendar year. Sick time cashed in shall be deducted from the employee's sick time balance (at the full amount not at the 50% rate).

I verify that I have not used all of my accrued sick time for the calendar year and believe that I am eligible to retire. I understand that should this request be granted, I will not be eligible to use the sick leave bank for twelve months following the date this request was submitted.

\* See page 16 of the Benefits Guide for the MA State Employees' Retirement System for the definition of "eligible to retire."

Employee Signature	Date
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Manager's Acknowledgement	Date
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**OFFICE USE ONLY**

<b>BENEFITS OFFICE REVIEW/APPROVAL:</b> By: _____ Date: _____	Calendar Year: _____ # of Hours Earned in the CY which were not used: _____ *pay at 50% but deduct 100%
<b>PAYROLL DATA ENTRY</b> By (Initials): _____ Date: _____	