

**Teamsters
Bargaining Unit
Annual Buy-Back Form (Sick Time)**

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 days

Calendar year 2015 _____ Cash in of 75% up to 8 days

Calendar 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
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