



Unified Government Human Resources Guide

Effective 04-01-05

SICK LEAVE BUY BACK REQUEST

Date: _____

Employee Name: _____ Employee I.D. No.: _____

Department _____ Division _____

I authorize the Unified Government to purchase back from me the following number of sick leave days, not to exceed five days, per the Human Resources Guide Sick Leave Policy as follows:

Full-Time Employees:

<u># Sick Days Used</u>	<u>Maximum Days Sold to Unified Government</u>
0 (0 hours)	5
1 (0.25 - 8.0 hours)	4
2 (8.25-16.0 hours)	3
3 (16.25-24.0 hours)	2
4 (24.25-32.0 hours)	1

Part-Time A Employees:

<u># Sick Hours Used</u>	<u>Maximum Days Sold to Unified Government</u>
0 hours	2.5
0.25 - 4.0 hours	2.0
4.25 - 8.0 hours	1.5
8.25 - 12.0 hours	1.0
12.25 -16.0 hours	0.5

Number of sick days I request to be purchased: _____

Employee Name & Date

Employee Signature & Date