



**Grants & Contract Employee
Bargaining Unit
Annual Sick Leave Buy-Back Form**

Section 1: EMPLOYEE DATA

1. Employee ID			Date Received in HR
2. Employee Name			
3. Job Title			
4. Date of Hire	5. Department	6. Principal Investigator	
7. Work Email	8. Work Phone	9. Mobile Phone	

Buy Back Information

Bargaining unit members with ten or more years of service in the Commonwealth of Massachusetts and whose sick leave balance is at least fifty (50) days as of July 1 of each year of this agreement may exercise the option to receive, at the end of the fiscal year, a dollar amount equal to seventy-five percent (75%) of the value of the unused annual sick leave credits to a maximum of six(6) days, based on the table below. This option is based on an employee's annual sick leave accrual and usage only.

<u>Sick Leave Days Used</u>	<u>Cash In Allowed</u>	<u>Cash In</u>	<u>Days Accrued</u>
0	6	4.5	6
1	5	3.75	6
2	4	3	6
3	3	2.25	6
4	2	1.5	6
5	1	.75	6
6 or more	0		6 or fewer

The decision to cash in sick leave time must be made by June 15. Sick days cashed in shall be deducted from the employee's sick leave balance. Payment shall be made no later than the last pay period in July.

I am requesting to buy back sick leave in accordance with Article 19.1 (see below) of the collective bargaining agreement covering my positions. I agree that as of July 1, I will have been employed by the Commonwealth of Massachusetts for more than 10 years and have in excess of fifty (50) days of sick leave.

Sick Leave total used between last July 1, and June 30, of current year: _____

Days requested to buy back _____

Employees Signature	Date
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OFFICE USE ONLY

PAYROLL DATA ENTRY By (Initials): _____ Date: _____