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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| horiz_logo_with_tag.jpg | **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** | | |