

COUNTY OF DUKES COUNTY
Request for Sick Leave Buy Back

Name: _____ Date: _____

Department: _____

Position: _____

Date of Termination: _____

Grade: _____ Step: _____ Hourly Rate: \$ _____

Sick hours up to last processed payroll (See attached Report): _____

Sick hours accrued used during final payroll: _____

Sick hours accrued on final payroll: _____

Sick hours donated to Employee Sick Bank: _____

Total Sick hours to be paid: _____ x 20%: _____*

(*max. 192 hours per County Personnel Bylaws see Section 11.7)

Hours: _____ x Salary: _____ = **Total \$** _____

Employee Signature

Department Head Signature

County Manager Signature

cc: County Treasurer