

# MEMORANDUM

**DATE:** September 1, 2021  
**TO:** All Employees  
**FROM:** Kathleen Ritch,  
Payroll Manager  
**RE:** Payment of Accumulated Sick Leave-Annual Sick Buy Back

1. Article XIV.A.2(a)(1-6) of the Indian River Education Association Collective Bargaining Agreement and Article 9.G(1-5) of the Communication Workers of America Collective Bargaining Agreement authorizes payments for annual unused portion of accrued sick leave for all employees who meet the following requirements:
  - A. The employee worked a complete contract year in FY2020-21 and are still employed by the SDIRC.
  - B. The employee has **accrued thirty (30) or more sick days** as of the last duty day of the FY2020-2021 school year.
  - C. The employee used **no more than two (2) sick or personal leave days** during the FY2020-2021 school year. Days donated toward a sick leave pool or compassionate leave do not disqualify you, but will reduce the amount available to be paid out.
2. Employees who meet these requirements may elect to be paid for any number of the unused days of sick leave **earned during the 2020-2021 school year** at the rate of **70%** of their normal rate of pay for FY2020-2021.
3. Employees who desire to select this option should complete the bottom portion of this letter and return it to the **Payroll Department** no later than **October 15, 2021**.
4. Payments will be scheduled in accordance with the Board Policy and Collective Bargaining Agreements as follows: Upon approval, annual sick leave payments will be made subsequent to October 31, but in no event, later than December 31.

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I believe I meet the requirements listed above for payment of accrued sick leave. Please review my leave records for verification of eligibility. If eligible, I would like to be paid for the unused portion of my sick leave earned in FY2020-21 at the rate of **70%** of my normal rate of pay for FY2020-2021. I also certify that I understand that this is an irrevocable decision.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

School/Department/Location: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Number of hours requested to “buy back” \_\_\_\_\_ (complete only if you want less than maximum available to buy)

**EXAMPLES OF SICK LEAVE BUY BACK-FIGURES ARE FOR ILLUSTRATIVE PURPOSES ONLY**

**Example #1:**

Ending sick balance prior FY                      300 hours

Earned sick leave hours prior FY                75.00 hours

Used sick/personal hours in prior FY            0

Maximum amount of sick leave hours eligible to be bought back is 75.00

Hourly Rate: \$15.3408

Amount of Payment  $\$15.3408 \times 70\% \times 75.00 = \$805.39$

**Example #2:**

Ending sick balance prior FY                      300 hours

Earned sick leave hours prior FY                75.00 hours

Used sick/personal hours in prior FY            15.00 hours

Maximum amount of sick leave hours eligible to be bought back is 60.00 (75.00-15)

Hourly Rate: \$15.3408

Amount of Payment  $\$15.3408 \times 70\% \times 60.00 = \$644.31$