

## Vacation Buy-Back Agreement and Application Form

*Requests are due in Human Resources by **April 1<sup>st</sup>** of the Fiscal Year for which the buy-back is being applied.*

### Employee Information

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 EIN: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Department: \_\_\_\_\_ Division: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dept. Head: \_\_\_\_\_  
 # of Vacation Hours Requested to be paid out (up to 40): \_\_\_\_\_

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### Department Verification / Approval

*Has the employee met the following requirements by **April 1<sup>st</sup>** of the fiscal year for which the buy-back is being applied?*

Have twelve (12) full months of continuous service? \_\_\_\_\_  
 Has a Performance Rating of 3-Competent or higher on most recent performance evaluation. \_\_\_\_\_  
 Has no disciplinary actions within the last 6 months preceding request. \_\_\_\_\_  
 Have used a minimum of 40 hours of vacation during fiscal year? \_\_\_\_\_  
 Retain a vacation balance of at least eighty (80) hours, after the buyback is applied? \_\_\_\_\_

\_\_\_\_\_  
*Supervisor / Manager Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Head / Designee Signature*

\_\_\_\_\_  
*Date*

### Human Resources / Finance Approvals

\_\_\_\_\_  
*Human Resources Director / Designee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Finance Director / Designee Signature*

\_\_\_\_\_  
*Date*