



BUY BACK/CASH-IN FORM
MEMBERS COVERED BY FOP CONTRACTS

I REQUEST PAYMENT FOR THE FOLLOWING:

(____) SICK LEAVE PAYMENT:

As of _____ I have a total of _____ hours sick leave accumulated. The City of Venice Personnel Procedures and Rules state that upon accumulation of 720 hours sick leave, an employee can receive payment for up to 240 hours at the appropriate rate determined by my date of hire with the City (1/2 pay if hired prior to 10/01/95; 1/4 pay if hired on or after 10/01/95). I request payment for _____ hours in the manner stated.

(____) EMERGENCY ACCRUAL CASH-IN REQUEST:

____ (hrs) Vacation ____ (hrs) Sick ____ (hrs) Comp Time ____ (hrs) Special Award

Brief Description of Emergency:



Signature of Employee (Date)

Printed Name of Employee

APPROVED/DISAPPROVED

APPROVED/DISAPPROVED

Department Head (Date)

Administrative Services Director (Date)

APPROVED/DISAPPROVED

City Manager (Date)