

**Cape Cod Collaborative
Transportation Department**

SICK LEAVE BUY-BACK REQUEST

Request Date: _____

Employee Name: _____

This is a request to “sell” back to the Collaborative _____ hours of accumulated sick time. I understand that I must maintain an accrued balance of at least 10 hours.

I would like these hours credited toward my time for the week ending:

_____ November 27, 2015

_____ January 1, 2016

_____ February 19, 2015

_____ April 22, 2015

Employee Signature

Request Approved by: _____

Date: _____

Accrued Sick Time Hours Available	Requested Sell Back Hours	Hours Remaining

Comments: