

WASA
Watertown Administrative & Supervisory Association

Administrator: _____ Date: _____

Current School Year _____

Vacation Day Sellback:

I have elected to sell back _____ (0, 1, 2, 3, 4, 5, 6, 7, 8) vacation day(s) from the current school year, at my per diem rate (based on my salary for this current school year), outlined in our WASA contract. I understand that this will be paid directly to my selected 403b provider in mid-July, following the year I have not taken the vacation day(s). I have included the district's OMNI Group form (as needed) selecting a provider for this one-time contribution.

TSA (403b provider) name: _____

Health Insurance Buyout:

"A health insurance buyout for members not taking district offered health insurance will be paid at 10% of the actual cost of a single member policy. This payment will be made to the administrator on June 30 of the year the administrator did not use the district offered health insurance."*

____ Yes No (Health Insurance Buyout)

I have elected to take the lump sum payout outlined in our WASA contract. *I understand that this will be paid out in mid-July, following the year I have not taken the health insurance benefit.

Vacation Day Carry-over Request:

I am requesting to carry-over _____ vacation day(s) (0, 1, 2, 3, 4, 5) into the next school year and I understand that I must use them by August 31 (or by December 31 if I have responsibility for summer programs).

I _____ APPROVE / DENY the request for carry-over days.
Signature of Superintendent

Signature of WASA Member

cc: personnel, payroll, employee