

Sick Day Sellback Form

Watertown Education Association

WEA Member: _____

Date: _____

Current School Year: _____

Sick Day Sellback:

I have elected to sell back ____ (2, 3, 4, or 5) sick day(s) from the current school year, at my current daily rate of pay (based on my salary for the current school year), outlined in our WEA contract. I understand that this will be paid directly to my selected 403(b) provider no later than the end of the calendar year (December 31st).

403(b) provider's name: _____

I further understand that I can only sell back accumulated sick leave if all of the following apply:

- 1) 40-80 accumulated sick leave days to sell back 2 days.
81-120 accumulated sick leave days to sell back 3 days.
121-160 accumulated sick leave days to sell back 4 days.
161 or more accumulated sick leave days to sell back 5 days.
- 2) I am a member of either the Sick Bank or the Family Emergency Bank.
- 3) I have used no more than five (5) sick days in the current year.
- 4) I have not been on any Board of Education approved leave of absence in the current year.
- 5) I have not taken any days without pay in the current school year.

Signature of WEA Member

Date

****Please return this form to Maria Denner at the District Office by June 30th.**