



# COVINA-VALLEY

UNIFIED SCHOOL DISTRICT

## VACATION BUYBACK FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee I.D. Number: \_\_\_\_\_ Position Title/#: \_\_\_\_\_

Work Location: \_\_\_\_\_

Pursuant to AR 4362 with approval, *employees with a balance of more than one years accrued vacation* may be compensated in cash for up to ten (10) days of accrued vacation per year at the employee's then-current rate of pay.

Last Vacation Buyback Request (July 1- June 30): \_\_\_\_\_

Current accrued Vacation balance: \_\_\_\_\_

Number of days requested to buyback: \_\_\_\_\_ (*maximum 10*)

Please return this form to the Payroll Department.

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

\_\_\_\_\_  
Date

<b>- For Payroll Use Only -</b>	
SCD: _____ /Range: _____ /Step: _____	Hourly Rate: \$ _____
VPO Approved: _____ Yes _____ No	Posted to FMP: _____