



## ACCRUED SICK LEAVE REDEMPTION

**PLEASE NOTE:** ACCEPTABLE REQUEST TIMEFRAME (OCTOBER 1<sup>ST</sup> – AUGUST 31<sup>ST</sup>)

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

Employee Number: \_\_\_\_\_ Department Name: \_\_\_\_\_

Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The number of hours you are requesting to redeem (1-hour increments): \_\_\_\_\_ (40 hours max)

Yes: \_\_\_\_\_ No: \_\_\_\_\_ (1) I have five (5) years of continuous (i.e., no separations from the city) service with the City, classified as a full-time employee, at the time of the redemption request; and

Yes: \_\_\_\_\_ No: \_\_\_\_\_ (2) have a minimum balance of at least 480 hours of accrued sick leave remaining after the payout of accrued and unused sick leave to ensure I have twelve weeks of paid leave.

**Please be aware you can only redeem accrued and unused sick leave.**

**I acknowledge and understand that the sick leave I wish to redeem will be deducted from my sick leave balance and my sick leave cap unless prohibited by State or Federal law, such as Section 143.045 of the Texas Local Government Code.**

*THE REDEMPTION WILL BE PAID TO THE EMPLOYEE ON THE PAYCHECK RECEIVED NO LATER THAN BY THE LAST PAY PERIOD FOLLOWING THE MONTH REQUESTED. EMPLOYEES WHO SUBMIT REDEMPTIONS SHOULD ANTICIPATE THAT IT MAY TAKE UP TO 60 DAYS TO RECEIVE PAYMENT.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(To be completed by Human Resources)***

Hourly Base Rate \$: \_\_\_\_\_

Remaining sick leave minus hours requested to redeem: \_\_\_\_\_ as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Sick Leave Cap: \_\_\_\_\_

Total Gross Pay of Sale \$: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## “Exhibit B”

### **11.20 Accrued Sick Leave Redemption**

Eligible employees shall have the option to redeem or “sell back” up to forty (40) hours of accrued and unused sick leave, in no less than 1-hour increments, each fiscal year (October 1<sup>st</sup> – September 30<sup>th</sup>). Funding for the accrued sick leave redemption is subject to City Council approval annually and is on a first come first serve basis.

#### **Eligibility**

The employee must meet all the requirements listed below in order to redeem their accrued unused sick leave:

- (1) Have five (5) years of continuous (i.e., no separations from the city) service with the City, classified as a full-time employee, at the time of the redemption request; and
- (2) Must have a minimum balance of at least 480 hours of accrued sick leave remaining after the payout of accrued and unused sick leave to ensure the employee has twelve weeks of paid leave.

Requests for redemption must be submitted to the Director of Human Resources, or designee, in writing during any month except September (the last month of the fiscal year). Human Resources will verify compliance with the listed requirements above and notify Payroll of the number of hours of sick leave approved to be paid to the requesting employee if any. The proceeds from this redemption will be paid to the employee on the paycheck received no later than by the last pay period following the month requested. Essentially, employees who submit redemptions should anticipate that it may take up to 60 days to receive payment.

#### **Payment**

Redemption is payable at the employee’s current rate of pay as of the date of disbursement and the hours redeemed will reduce the employee’s sick leave cap, unless prohibited by State or Federal law, such as Section 143.045 of the Texas Local Government Code.