



**PUYALLUP SCHOOL DISTRICT**

**APPLICATION FOR ANNUAL BUYOUT OF ACCUMULATED SICK LEAVE**

By completing this form, you are electing to receive payment for your unused sick leave accumulation for the **2019** calendar year on a 25 percent basis. Complete this form, filling in all blanks and be sure to sign. [Return the form to the Payroll Department on or before January 31, 2020.](#) You can expect payment on the February payroll.

In accordance with RCW 28A.400.210 and WAC 392-136-015, I elect to convert all unused sick leave **accumulated** during the **2019** calendar year to monetary compensation at the rate of 25 percent of my current full time per diem rate of compensation. *Sick leave accumulations with an excess of 180 days may be lost if the employee fails to exercise the buyout provision.*

**I understand that this payment will not be included as earned compensation for any public retirement systems.**

**I understand that a sick leave conversion to cash will be fully taxed, except for those employees who qualify for and are in a bargaining unit that has voted in VEBA for annual sick leave buyout.**

**I understand that all sick leave days converted for this buyout will be deducted from my current accumulated sick leave balance.**

**The following Bargaining Groups has voted to put their Annual Buyout into VEBA for days over 180 (maximum of 12 days) and will also need to complete the VEBA Hold Harmless Agreement Form:**

**IUOE (Bus Drivers, Custodial, Maintenance, Security), Food Service, PAEOP, PEA, PESPA, Assoc. of Principals, UNREP/Exempt**

I certify that I have an excess of 60 days accumulated sick leave at the end of the **2019** calendar year.

E \_\_\_\_\_

EMPLOYEE IDENTIFICATION NUMBER

\_\_\_\_\_  
SCHOOL/DEPARTMENT

\_\_\_\_\_  
BARG GROUP/DEPT.

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
EMPLOYEE NAME (PLEASE PRINT)

\_\_\_\_\_  
EMPLOYEE SIGNATURE

**RETURN COMPLETED FORM TO THE PAYROLL DEPARTMENT, BLDG. 109**