

# Holmes County School Board

## Election For Annual Payment Of Currently Earned Sick Leave

I, (print) \_\_\_\_\_, do hereby elect to receive payment for accumulated sick leave earned in the current fiscal year per the provisions of Florida Statute 1012.61(2)(a)(3) and School Board resolution.

I am employed with the instructional or educational support staff.

I elect to receive payment for the following number of days, \_\_\_\_\_.

I understand:

**I must submit my election form to the Finance Department by May 1 annually,**

I must maintain a minimum of ten (10) sick leave days at all times,

The salary schedule in effect at the time of election will determine the rate of payment,

Payment will be made at 80% of the current daily rate of pay,

Payment will be made July 16 following the fiscal year of election,

Payment will be prorated in the event the total cost for all employees exceeds \$15,000, and

Sick leave days purchased will be deducted from my total accumulated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

### School Board Use

a. Sick leave days eligible for buyout \_\_\_\_\_

b. Daily rate of pay \_\_\_\_\_ x 80% \_\_\_\_\_

Total eligible (a x b) \_\_\_\_\_

Prorated amount \_\_\_\_\_

Approved (the lesser of the two): \_\_\_\_\_

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date