



BUY BACK/CASH-IN FORM
MEMBERS COVERED BY THE IAFF CONTRACT

I REQUEST PAYMENT FOR THE FOLLOWING:

(☐) SICK LEAVE PAYMENT:

As of _____ the following total hours accumulated in my sick leave bank are noted below. The City of Venice Personnel Procedures and Rules state that upon accumulation of 720 hours sick leave (or 2160 hours for IAFF conversion), an employee can receive payment for up to 240 hours (or 720 hours for IAFF conversion) at the appropriate rate determined by my date of hire with the City (1/2 pay if hired prior to 10/01/94; 1/4 pay if hired on or after 10/01/94). I request payment for _____ hours (as reverted to standard bank) at the appropriate rate:

Accumulated Hours	
IAFF Bank Max Conversion (720 x 3)	2160
Reduce Bank Hours by	
Revert to Standard Hours (bank hours deducted ÷ by 3)	

Select proper
rate of pay
(☐) 1/2 pay
(☐) 1/4 pay

(☐) EMERGENCY ACCRUAL CASH-IN REQUEST:

____ (hrs) Vacation ____ (hrs) Sick ____ (hrs) Comp Time ____ (hrs) Special Award

Brief Description of Emergency:

Signature of Employee (Date)

Printed Name of Employee

APPROVED/DISAPPROVED

APPROVED/DISAPPROVED

Department Head (Date)

Administrative Services Director (Date)

APPROVED/DISAPPROVED

City Manager (Date)