



Coatesville Area School District

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VACATION BUY-BACK 403-b OPTION

ADMINISTRATORS

EMPLOYEE NAME: _____

TO: (Name of Supervisor): _____

In accordance with Section 7.12.4 of the Administrative Compensation Plan, I request _____ days pay to be transferred into an approved 403-b plan in lieu of taking these days as vacation (maximum of 15 days per year). I understand that the number of days requested will be deducted from my annual vacation leave accrual account, and that I will receive 1/260th of my annual salary for each day requested.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISORY REVIEW:

_____ I recommend approval of the payment in lieu of vacation as requested.

_____ I do not recommend approval of the request for payment in lieu of vacation leave for the following reason(s):

SUPERVISOR'S SIGNATURE: _____

DATE: _____

403-b Information:

All buy-back days will be placed into a 403-b account. Please indicate your 403-b information below:

403-b Provider: _____

FOR COMPLETION BY PAYROLL DEPARTMENT:

Employee ID #: _____

Total vacation days prior to payment: _____

Vacation days approved for payment: _____

Vacation days remaining after deduction: _____

Per diem salary: _____ Total Payment: _____

Days updated in....

FIS _____ AESOP _____

PAYROLL DEPARTMENT