

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.

DATE: _____

EMPLOYEE SIGNATURE: _____

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

An Equal Opportunity Employer: The Coatesville Area School District does not discriminate in employment, educational programs, or activities based on race, sex, handicap, or national origin. This policy of non-discrimination extends to all other legally protected classifications in accordance with state and federal laws including Title IX of the Education Amendments of 1972 and Section 503 and 504 of the Rehabilitation Act of 1973.