

## CONTINUITY OF CLASSROOM INSTRUCTION & SICK LEAVE BUY BACK (SLBB)

## Request for Payment Form Inactive or Separated Employees Only

Employees with good or perfect attendance in a fiscal (school) year, may be eligible to "buy back" a portion of unused sick leave as determined in the applicable collective bargaining/meet and confer agreement between your bargaining group and The School Board of Broward County, Florida. In order to be qualified for this incentive award, the employee must meet the criteria established for the applicable bargaining group, as shown in the Sick Leave Buy Back matrix.

- Employees must not have used more sick leave days during the previous school year than permitted by the bargaining or meet and confer
  agreement. For the provisions of these agreements, personal reasons leave and sick leave, are exactly the same. In other words, if the
  employee uses personal reasons leave and/or sick leave of any kind, and exceeds the maximum absences allowed for the bargaining group,
  he/she does not qualify for the award. Use of approved bereavement days per bargaining or meet and confer agreement/Board Policy will not
  affect this award.
- 2. Employees must have a minimum of twenty-five (25) days accumulated sick leave remaining as of June 30th of the previous school year **AFTER** the deduction for sick leave buy back. Refer to the Sick Leave Buy Back matrix to determine the minimum/maximum number of days that can be bought per bargaining unit/meet and confer group.
- 3. Sick leave buy back days are paid at 80% of the employee's daily rate as of June 30th of the previous school year, minus applicable taxes.

**ONLY INACTIVE** employees (Leave of Absence, on Layoff, etc.) or **SEPARATED** employees (no longer working for the District) should submit a Sick Leave Buy Back (SLBB) request using this paper form. Your eligibility will be reviewed. When confirmed, the number of days which you "buy back" shall be deducted from your accumulated sick leave balance.

shall be deducted from your accumu	lateu sick leave balatice.		
Please check/select one of the follow	ving options:		
I am on Leave of Abs			
☐ I no longer work for the	e District ( <b>Separated</b> )		
Note: Active employees must use	Employee Self Service (ESS) – no par	per forms will be accepted/processed.	
		ent via Pony, U.S. mail, e-mail, or by hand delivery. All ment or postmarked by the U.S. Postal Service as of <b>O</b>	
This award shall be paid no la	ter than October 31, 2024. Checks to se	eparated employees will be mailed to the mailing addres	s in SAP.
The School Board of E	roward County is not responsible for lost app	ications. Please keep a copy of signed form for your records.	
Print Name (as it appears on your pay advice slip)		Personnel Number	
Email Address		Phone Number	<u> </u>
Signature	Date	Number of Days to Buy Back	
	Section below is for	HRSS Use Only	
Comment:			
Process/Approved by:		Date:	

Please visit the Compensation & HR Support Services website @ <a href="https://www.browardschools.com/Page/39156">https://www.browardschools.com/Page/39156</a> for additional information.

Questions may be e-mailed to sickleavebuyback@browardschools.com.