

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 231.40 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