

University of Michigan Health System

PAID TIME OFF SELL-BACK REQUEST FORM

Form must be completed and returned to department Timekeeper/Supervisor by:

END OF THE BENEFITS OPEN ENROLLMENT PERIOD: FOR ALL EXCEPT NURSES COVERED UNDER UMPNC/MNA BARGAINING AGREEMENT

DECEMBER 1: FOR NURSES COVERED UNDER THE UMPNC/MNA BARGAINING AGREEMENT

NAME _____

UM EMPLOYEE ID NUMBER _____

JOB TITLE/Department _____

NUMBER OF HOURS YOU WISH TO SELL BACK _____

(In whole hours – no partial hours)

MINIMUM BALANCE YOU WISH TO MAINTAIN (IF GREATER THAN REQUIRED HOURS) _____

EMPLOYEE SIGNATURE _____

DATE SUBMITTED _____

- ONCE SUBMITTED TO THE SUPERVISOR, THIS SELL-BACK REQUEST IS CONSIDERED BINDING AND CANNOT BE RESCINDED.**

- THE FULL NUMBER OF REQUESTED HOURS CAN NOT BE SOLD BACK IF THIS WOULD CAUSE THE PTO BALANCE TO DROP BELOW REQUIRED BALANCE OR EXCEED MAXIMUM ALLOWANCE TO BE SOLD BACK.

- NOTE TO SUPERVISORS: THIS FORM IS TO BE KEPT IN THE DEPARTMENT IN A SECURE FILE. NO NEED TO SEND THE PTO SELL-BACK FORM TO UMHS PAYROLL OFFICE.**

Type of Employee	Sellable Hours	Minimum Balanced Required: <i>Upon processing of the last paycheck in January (not including February accrual)</i>
Non-Exempt, Full-time, Non-Bargained For	Unlimited	40
Exempt, Full-time, Non-Bargained For	40	40
Part-time, Non-Bargained For	Unlimited	None
Service Maintenance Covered by AFSCME Contract	120 <small>(prorated for part time)</small>	40
Nurses Covered by the UMPNC/MNA Bargaining Agreement	Unlimited	40 <small>(prorated for part time)</small>