

University of Michigan Health System

PAID TIME OFF SELL-BACK REQUEST FORM

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

NOVEMBER 7, 2009: FOR ALL EXCEPT NURSING

DECEMBER 1, 2009: FOR NURSES COVERED UNDER THE MNA CONTRACT

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- ONCE SUBMITTED TO THE SUPERVISOR, THIS SELLBACK REQUEST IS CONSIDERED BINDING AND CANNOT BE RESCINDED.**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 THE MINIMUM SPECIFIED.

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

Type of Employee	Sellable Hours	Minimum Balanced Required
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 (prorated for part time)	40
Nurses Covered by MNA Agreement	Unlimited	40 (prorated for part time)