

Autistic Services, Inc.
VACATION BUY-BACK REQUEST FORM

Employee Name _____

Position _____ Work Site _____

Supervisors Name _____

“I request to buy-back _____ vacation hours.”

****Staff are required to submit a buy-back request within 30 days of their benefit year.**

****Only one buy-back request may be submitted per benefit year.**

****Vacation time used will be paid upon the approval of your Supervisor and the Executive Director one pay period following your anniversary date.**

Employee Signature Date

Supervisors Signature Date

Executive Director Date

VACATION BUY-BACK PROGRAM

The agency encourages all staff to use as much of their vacation time as possible. However, if special circumstances do not allow you to use all of your earned vacation time, we have instituted a **Vacation Buy-Back Program**.

Autistic Services participation in the Vacation Buy-Back Program will be reviewed and approved on an annual basis. Annual approval to continue this program will be dependent upon financial consideration and restraints.

The program allows staff to sell back accrued vacation time to Autistic Services, Inc. according to the following guidelines:

- Staff are eligible to participate following one (1) year of full-time service with the agency.
- Staff are required to submit a Buy-Back Request Form within 30 days of their benefit year.
- Only **one** request may be submitted per benefit year.
- You must have the approval of your supervisor and the Executive Director.
- You may request to **purchase any vacation hours over 40.0**. The agency requires a minimum carry over of 40.0 hours. (If you have less than 40.0 hours they will be carried over into the next benefit year, and you are not eligible for the buy-back program).