

SEIU/UMMAP Sell Back Request Form

Thoroughly review these guidelines prior to submitting sell back requests.

Type of Employee	Sellable Hours	Minimum Balance <small>Do not include accrual of the month following payout</small>	Submission Dates	Sell Back Paid
Non-Bargained For (Exempt & Non-exempt), Service Employees (SEIU) <i>Excludes probationary period & those in ungraded pay zones</i>	Paid Time Off: 40 hours Once per year	Paid Time Off: 40 hours (prorated)	Recommended submission dates to your department for timely processing: Jan. 1-10 OR May 1-10 Policies and bargaining agreements may indicate a different date	Last check in January OR Last check in May
Allied Health Professionals (UMMAP)	Paid Time Off: Unlimited Once per year	Paid Time Off: 40 hours (prorated)		

Employee Name _____ UMID# _____

Job Title / Department _____

Sell Back Hours Requested

Minimum Balance to Maintain *(if greater than required minimum)*

Employee Signature _____

Date Submitted _____

Submit completed Sell Back Request to your Supervisor or Department Timekeeper

- Once submitted, this request is considered binding and cannot be rescinded.
- The full number of requested hours cannot be paid out if this would cause the balance to drop below the required threshold or exceed max allowable payout.
- This form is to be kept in the department in a secure file.