

VANDERHEYDEN HALL, INC.
SICK LEAVE BUY-BACK REQUEST

I do understand the sick leave buy-back option benefit as stated in the Human Resource and Benefits Policy.

I want to exercise my buy-back option on my anniversary date of employment.

I do understand that I will not have another opportunity to exercise the sick leave buy-back until my anniversary date of employment next year.

I also acknowledge that my annual health physical is current.

Employee Signature: _____

Date: _____