## **EASTERN MICHIGAN UNIVERSITY**

Department of Risk Management and Workers' Compensation

## **Authorization to Buy Back Sick/Vacation Hours**

NAME:					
BANNER ID:	E				
I was on a <i>Workers</i>	' Compensation	Leave of Abser	nce from:		
START DATE	through	END DATE	and am	requesting to buy b	ack:
ноι	JRS OF SICK TIM	IE			
НО	URS OF VACATIO	ON TIME			
I am requesting tha	nt the buy-back o	occur over	(r	maximum of 3) pay p	eriods.
	k Management (	office within 30	calendar	ompleted and signed days of my return to	
SIGNATURE				DATE	
	Int	ternal Purposes	Only		
Date received in	Risk Manageme	ent			
Approved by Ris	k Management				
Completed by Pa	avroll	Init	ials	Date /	
Pay Ending Date		Init	ials	Date	
'	rm to Risk Mana	agement (487-6	827) and	employee's departm	ent

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