

DISTRICT OF COLUMBIA PUBLIC SCHOOLS
 DIVISION OF FINANCE
 AUTHORIZATION FOR TEACHERS' BUY-BACK LEAVE PLAN

EMPLOYEE ID NUMBER	MJC	EMPLOYEE NAME (Last, First, Middle Initial)	ORG. CODE
000 _____			

I Authorize The Board Of Education To Purchase:

½ of my accrued leave balance for the school year ending June 30, _____ at my full current daily rate pf pay.

I Fully Understand That Leave Earned Prior To The Current Leave Year Is Not Creditable For The Buy-Back Leave Plan.

_____ *Signature*

_____ *Date*

**DIVISION OF FINANCE USE ONLY
 PRELIMINARY AUDIT**

Beginning Leave Balance _____ Ending Leave Balance _____

Number Of Days To Be Paid At Full Rate _____ Days Used _____

Service Code _____ Grade _____ Step _____ Salary _____

FC	TOTAL DOLLARS DUE					

Audit By: _____ PRINT _____ Signature _____ Date _____

APPROVED
 _____ CONTROLLER
 DISAPPROVED _____ *Signature* _____ *Date*