

TO:

NIAGARA COUNTY HUMAN RESOURCES

Golden Triangle Office Building 111 Main Street – Suite G-2 Lockport, NY 14094

PAYROLL CLERK

Peter P. Lopes, MBA

Director

(716) 438-4070 (716) 438-4077 Fax

FROM:	PETER P. LOPES DIRECTOR OF HUMA	N RESOURCES
RE:	RETIREMENT SICK L	EAVE BUY BACK
DATE:		
		tain an option for retiring employees to sell ssary for the employee to designate this
		pleted by the employee, it must be nal payment can be made.
EMPLOYEE NAME:		
EFFECTIVE DATE	OF RETIREMENT:	
DEPARTMENT:		
SOCIAL SECURITY	NUMBER:	
		ion in the collective bargaining agreement, e unused sick days upon retirement.
NUMBER OF DAYS	/HOURS	
SIGNATURE		DATE