



## BERLIN TOWN ACCOUNTANT

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TO: All Town Officials  
FROM: June M. Poland, Town Accountant  
SUBJECT: Sick Pay Budgeting

Please fill this form as it applies to your department. Return to my office as soon as your appointing authority has approved your budget. This information is necessary in the budgeting of the town's sick pay account. Please make sure you have the Personnel Committee approval to any payroll increases above the COLA, prior to filling out this form. If you have any questions or problems, please give me a call.

Remember the employee that is sick gets paid out of the regular line item – the replacement worker gets paid out of the sick pay account. You should be putting how many hours of sick pay an employee is using on the payroll. The person covering is listed as "regular" on payroll form but you will put their total as coming out of the sick pay line item on the bottom of the payroll form. (Unless you have a separate sheet)

### **BUYBACK**

Name of Employee	Sick Pay Buyback Hours	Rate Hourly	Amount of Possible Buyback
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total for Department for Buyback

\$ \_\_\_\_\_

### **COVERAGE**

Position to be covered	Over Possible Hours	Hourly Rate	Amount of Sick Pay Coverage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total for Coverage of Department \$ \_\_\_\_\_

Total amount needed for your Department to cover Sick Pay Buyback and Sick Pay Coverage:  
\$ \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Department Heads Signature