



LEAVE CONVERSION REQUEST SICK LEAVE TO ANNUAL LEAVE **Ambulance Operators Unit**

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Employee ID	Rcd No.	Last Name, First N	ame	
Company		Department	Department ID	Union Code

TO BE COMPLETED BY EMPLOYEE

My request to convert sick leave hours to annual leave hours may not exceed the number of hours specified below. The conversion factor to exchange sick leave hours for annual leave hours is 60%. For example:

SICK LEAVE BALANCE AT TIME OF CONVERSION	SICK TO ANNUAL LEAVE CONVERSION HOURS
40 Hours	24 Hours
32 Hours	19.2 Hours
24 Hours	14.4 Hours
16 Hours	9.6 Hours
8 Hours	4.8 Hours

Note: Sick leave may be converted in increments of ½ hours or more.

I elect to convert the following leave hours:

Number of sick leave hours	Converted number of annual leave hours	Fisca	l year
		Begin	End

Employee Signature					Date		
	PAY	ROLL SPECIAL	LIST VERIFICA	ATION OF ELIGIBI	LITY		
Current Sick	Leave Balance	40 hou	40 hours - hours =				
				sed in the fiscal year	Maximum sick lea eligible to convert		
Payroll Specialist (Print & Sign)				Telephone	Mail Code	Date	
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			Office Use On				

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