SAN BERNARDINO COUNTY

LEAVE CONVERSION REQUEST
SICK LEAVE TO VACATION LEAVE
General Management

Must print in Black or Blue ink ONLY

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

TO BE COMPLETED BY EMPLOYEE

My request to convert sick leave hours to vacation leave hours may not exceed the number of hours specified below. The conversion factor to exchange my elected sick leave hours for vacation leave hours is according to the following table:

SICK LEAVE BALANCE AT TIME OF CONVERSION	SICK TO VACATION LEAVE CONVERSION RATIO
800 or More Hours	2 Sick Hours to 1 Hour Vacation

NOTE: Sick Leave must be exchanged in ten (10) hour increments

I elect to convert the following leave hours:

Number of sick leave hours	Converted number of vacation leave hours	Calendar Year

- ✔ **I understand I can elect this conversion once per calendar year.**
- ✔ **I understand that a maximum of eighty (80) sick leave hours may be converted.**
- ✔ **I have contributed to a public sector retirement(s) for over ten (10) years and have not withdrawn contribution from the system(s).**

Employee Signature	Date

PAYROLL SPECIALIST VERIFICATION OF ELIGIBILITY

_____ - 800 Hours = _____

Current Sick Leave Balance | Maximum sick leave hours eligible to convert to vacation

Payroll Specialist Name (Print & Sign)	Telephone	Mail Code	Date

Office Use Only

Cal Yr Begin Date	PP End Date	ASV	AVS	Verified By/Date	Keyed By/Date	Reviewed By/Date
		(-)	(+)			

DISTRIBUTION: Original - Central Payroll

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