

Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

LEAVE CONVERSION REQUEST SICK LEAVE TO VACATION LEAVE Exempt/County Fire Exempt/Special Districts Exempt

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 201 to 599 Hours 600 to 799 Hours 800 or More Hours SICK TO VACATION LEAVE CONVERSION RATIO 3 hours Sick to 1 hour Vacation 2 hours Sick to 1 hour Vacation 2 hours Sick to 1 hour Vacation

Note: Sick leave must be exchanged in ten (10) hour increments

I elect to convert the following leave hours:

| | | 1 | | | | | |
|--------------------|---|--|--------------------------------------|---------------------------------|-----------------|----------------|--|
| Number of sid | Number of sick leave hours Converted number of vacation leave hours | | | | | | |
| ✓ I have co | | public sector i | once per calend retirement(s) for | lar year. · over five (5) ye | ears and have r | not withdrawn | |
| Employee Signature | | | | | | | |
| | PA | YROLL SPECIA | ALIST VERIFICA | TION OF ELIGIB | LITY | | |
| | Current Sick Lea | sick leave hours onvert to vacation | | | | | |
| | Payroll | Telephone | Date | | | | |
| | | | | | | | |
| | | | Office Use Only | | | | |
| PP Begin Date | PP End Date | ASV | AVS | Verified By/Date | Keyed By/Date | Reviewed By/Da | |
| | | (-) | (+) | | | | |

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