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

LEAVE CONVERSION REQUEST SICK LEAVE TO VACATION LEAVE Exempt

			EX	empt			
Must print in Black or Blu Employee ID	Rcd No.	Last Name, First Name					
Company	ny Department			Departi		rtment ID	Union Code
•		ave hours to va	cation lea	ve hours	•		of hours specifieding to the following
SICK			LEAVE BALANCE E OF CONVERSION		SICK TO VACATION LEAVE CONVERSION RATIO		
		201 to 599 hours	11 to 599 hours		3 sick hours to 1 vacation hour		
		600 to 799 hours			2.50 sick hours to 1 vacation h		
		00 or more hour			2 sick hours to 1 vacation		
		leave must be exch				·	
				•			
l elect to con	vert the follo	wing leave ho	urs:				
Number of Sic	k Leave Hours	Converted	Converted number of Vacation			Cal	endar Year
	buted to a pub	s conversion onc	-			ve not withdra	wn contribution
		Employee Sign	Employee Signature			Date	
		Payroll Spo	ecialist V	erification	on of Eligibility		
			200 h	ours	=		
	ave Balance		Maximum sick leave hours eligible to convert to vacation				
Payroll Specialist Name (Print & Sign)					Telephone	Mail Code	Date
			Office I	Jse Only			
Cal. Yr. Begin Date	PP End Date	ASV		VS	Verified By/Date	Keyed By/Date	e Reviewed By/Date
		(-)	(+)				

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