

LEAVE CONVERSION FORM

Work Site

Employee Name

Employee ID#

Please Circle # of Days you wish to convert:

2 Days

(must have 22 days of sick available to convert 2 days sick to 2 days personal)

3 Days

(must have 40 days of sick available to convert 3 days sick to 3 days personal)

Employee Signature

Date

For Office Use Only

Balance Available: _____ Hours _____ Days

Personal (+) _____

Approved: _____ Days Converted

Sick (-) _____

Business Office Representative

**** ANY UNUSED PERSONAL LEAVE WILL CONVERT TO SICK LEAVE AT THE END OF THE YEAR**

***** CONVERSION CAN ONLY TAKE PLACE ONCE A YEAR AND MUST BE RECEIVED IN THE PAYROLL DEPARTMENT BY JANUARY 30TH OF THE CURRENT SCHOOL YEAR**

****** PLEASE NOTE THAT YOU CAN ACCESS YOUR LEAVE BALANCES IN iVISIONS EMPLOYEE ACCESS. THEREFORE, WE WILL NO LONGER BE SENDING A COPY OF COMPLETED FORM AS OF 8/1/2022**