

## Sick Leave Conversion Form

Whitman County policy and certain County Bargaining Unit contracts state that Sick Leave in excess of 960 may be converted to Annual Leave at the ratio of four days of Sick Leave to one day of Annual Leave.  
Prior to completing this form, please check your contractual provisions.

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Bargaining Unit: \_\_\_\_\_

Date: \_\_\_\_\_

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*Complete the below information as it pertains to the date of this request.*

Total number of accrued Sick Leave Hours: \_\_\_\_\_

Total number of accrued Annual Leave Hours: \_\_\_\_\_

Number of accrued Sick Hours you wish to convert to Annual Leave: \_\_\_\_\_ sick hours / 4  
\_\_\_\_\_ annual leave hours

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*After this conversion process, my new accruals should be:*

Number of accrued Sick Leave Hours: \_\_\_\_\_

Number of accrued Annual Leave Hours: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department's Signature

\_\_\_\_\_  
Date

*Date Request Received by HR*

*Date forwarded to Auditor's Office*

**Please complete and return to Human Resources**