

Earned Time to Sick Pool Conversion

Name _____ SS# _____

Department _____ Campus Phone _____

Effective Date of Conversion _____ Yrs of Service _____

Earned Time

Current Balance _____ hours

Less Transfer to Sick Pool _____ hours

New Earned Time Balance _____ hours

Sick Pool

Current Sick Pool Balance _____ hours

Plus Transfer from Earned Time _____ x3 hrs. = _____ hours

New Sick Pool Balance _____ hours

NOTE: Enter new balances on your Time and Attendance Record.

Employee Signature

Date

Department Signature

Date

Please forward this form to:

Human Resources
2 Leavitt Lane