Earned Time to Sick Pool Conversion

Name _____ USNH ID# _____

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