

EXCHANGE OF SICK LEAVE HOURS FOR VACATION HOURS

NAME: _____ EMPLOYEE NUMBER: _____

DEPARTMENT: _____

I am a permanent employee of San Luis Obispo County...

...with more than **fourteen (14)** years of service with the County and:

I am in the Clerical, Public Services, or Supervisory unit represented by SLOCEA.
(BU01, BU05, BU13)

I am represented by DSA. (BU03, BU14, BU21, BU22)

I am represented by DAIA. (BU06)

I am represented by SLOCPPOA. (BU31, BU32)

I am represented by SDSA. (BU27, BU28)

...with more than **five (5)** years of service with the County and:

I am represented by SLOCPMPOA (BU29)

I am a Management employee of Law Enforcement (BU15, BU16)

I wish to transfer _____ sick leave hours to _____ vacation hours.

(Maximum exchange of 80 sick leave hours for 40 vacation hours per Calendar year).

...with more than **five (5)** years of service with the County and:

I am a Management or Confidential employee or an Attorney
(BU04, BU07, BU08, BU09, BU11, BU12)

I wish to transfer _____ sick leave hours to _____ vacation hours

(Maximum exchange of 80 sick leave hours for 40 vacation hours per Fiscal year).

Total Sick Leave hours available: _____

Less minimum balance: _____ (240)

Hours available for exchange: _____

I understand this transfer will be effective the pay period following the receipt of this form by the Auditor-Controller's office.

Employee signature: _____ Date: _____