ANNUAL LEAVE – SICK LEAVE/VACATION ELECTION FORM

Employee Name: _____ Unit #: _____

Social Security Number: _____

Department/Location: _____

Phone Number: _____

Check One: ☐ CBID   ☐ Excluded

I elect to participate in the following leave program:

☐ Annual Leave
☐ Sick Leave/Vacation

The effective date of the election shall be the first day of the pay period in which the election form is received by the appointing power.

In Annual Leave, I understand that the accrual rate and usage provisions differ in the Annual Leave and Sick Leave/Vacation Programs. Further, if I am a current employee, I understand that when I change from one program to another, all provisions of the program I enter apply upon the effective date. However, the annual leave, sick leave, or vacation balances that I have on the date I choose a new program will continue to be available to me to use. If I have a sick leave balance upon retirement, I may convert it to service credit. I understand that I may change from Annual Leave to Sick Leave/Vacation or visa versa no more often than every 24 months.

I make this election freely and voluntarily.

Signature _____

Date _____

NOTE: New Employees – If this election form is not return to the Personnel Office, it will be deemed an election for Sick Leave/Vacation Program.

_____

FOR PERSONNEL OFFICE USE ONLY
After processing election, place in employee's personnel file.

Date Election Received: _____

Received By: _____