

Oregon Health & Science Universtiy

AFSCME Sick Leave Conversion Form

Employee: _____ ID#: _____

Phone: _____ Mail Code: _____

Department: _____ Supervisor: _____

I authorize the conversion of the following number of sick leave hours into vacation hours as permitted under Article 13.2 of the OHSU/AFSCME Labor Agreement:

_____ Sick Leave Hours to _____ Vacation Hours

I understand that this authorization will permit the conversion of the maximum number of sick leave hours into vacation hours as permitted under the authority of Article 13.2 of the OHSU/AFSCME Labor Agreement, to the extent available sick hours exist at the time of this request.

Employee Signature: _____

Return completed form to Payroll by faxing the form to: 503-346-6839

Questions related to this form should be directed to the payroll office at 503-494-8103

Payroll will notify employee by email upon completion of the request.

For Payroll use only:

Sick Leave hours: - _____ Vacation hours: + _____ Reason Code: Article 13.2

Payroll Approval: _____ Payroll Data Entry: _____

This authorizes the maximum conversion per Article 13.2 of the OHSU/AFSCME Labor Agreement.