



THE OHIO STATE UNIVERSITY

Sick Leave Conversion Program Sign-Up Form

Name (print): _____

Department: _____

I am a service, skilled trades or maintenance employee and I wish to participate in the sick leave conversion program as described in Article 40.12 of the 2015-2018 collective bargaining agreement between Communications Workers of America, Local 4501 and The Ohio State University.

I understand that by participating in the program, I will be eligible to convert to vacation one-half of the sick leave I accrue but do not use during each designated 12 week period provided that I have a sick leave balance of at least 100 hours at the end of each 12 week period. I understand that hours converted to vacation will be added to my vacation balance as soon as practicable following the completion of each 12-week period. I understand that conversion will stop should my vacation balance exceed the maximum amount that may be carried forward per OSU policy 6.27(I)(C). I understand that I can terminate my participation in the Sick Leave Conversion Program with 30 days written notice and that if I terminate my participation, I will not be eligible to re-apply until the completion of a full 12 week conversion period following my withdraw from the program.

I understand that I must submit this form to my department HR representative by the beginning of the third week of a sick leave conversion period in order to be eligible to convert sick leave at the end of that period. Otherwise, I will be eligible to convert sick leave beginning with the following conversion period.

Employee's Signature

Date

Departmental Human Resources Rep's Signature

Date

Please return this form to your departmental Human Resources representative

For Office Use Only:

Employee's OSU I.D. Number: _____

Organization Number Where Employee Works: _____

Date Participation is to Start: _____