

Human Resources

Sick Leave Conversion Statement

Employee Name:	Retirement Date:
Department:	Employee ID #:
In conjunction with my initial retirement from Ohio Universal unused accumulated sick leave in accordance with Section total sick leave balance for future anticipated state employeembination thereof.	124.39 of the Ohio Revised Code or to carry forward the
☐ I elect to receive a payout of my accrued and u	nused sick leave credit
I understand:	
•	al service with the state, or any political subdivisions of the time purchased toward retirement does not count toward
four hundred eighty hours for FOP ii. one-half of accrued and unused sich forty hours for bargaining Classified	accumulated sick leave up to a maximum of sixty days or employees a leave up to a maximum of eighty days or six hundred d (AFSCME 1699 & 3200) employees sick leave up to a maximum of thirty days or two hundred
± ,	apon my rate of pay at the time of my initial retirement, ent and that I may convert sick leave only once during my
D. That all unused accumulated sick leave cree payment and shall not be re-credited to me	dit shall be eliminated at the time of sick leave conversion for any reason.
E. That I may not convert any new accumulat	ion upon subsequent retirement.
F. That my sick payout will not include any an	nounts donated to me through policy 40.035.
☐ I elect to carry forward the total sick leave bala:	nce for future anticipated state employment, or any
political subdivisions of the state, or any combi	nation thereof
reappointed or reinstated at Ohio university sick leaveup to the maximum of the sick l	ate or local Ohio public agency to another, or who is y, will be credited with the unused balance of accumulated eave accumulation permitted as of the date when the new to which the employee transfers and provided the time is not exceed ten years.
Signature of Employee:	Date: