

ATTACHMENT A

ANNUAL LEAVE - SICK LEAVE/VACATION ELECTION FORM

Employee Name \_\_\_\_\_ Unit # \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department/Loction \_\_\_\_\_

Phone Number \_\_\_\_\_ (Check One)  CBID \_\_\_\_\_

Excluded \_\_\_\_\_

I elect to participate in the following leave program effective the first day of the pay period in which the election is received by the appointing power (i.e., employee submits election form during the month of January, effective date will be January).

Annual Leave

Sick Leave/Vacation

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 vice 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 returned to the Personnel Office, it will be deemed an election for the Sick Leave/Vacation program.

<b>FOR PERSONNEL USE ONLY</b>	
After processing election, place in employee's personnel file.	
Date Election Received:	Received by: