

**MIAMI-DADE COUNTY**  
HUMAN RESOURCES DEPARTMENT

**SICK LEAVE CONVERSION ELECTION FORM**

Employee ID		Employee Name	
Dept-Div-Loc	Occupation Code	Title	
<p><input type="checkbox"/> YES, I wish to continue converting any eligible portion of my accrued sick leave to annual leave on my leave anniversary date in accordance with the provisions of the Miami-Dade County Leave Manual and applicable Collective Bargaining Agreement.</p> <p><input type="checkbox"/> NO, I do not wish to convert any eligible portion of my accrued sick leave to annual leave on my leave anniversary date in accordance with the provisions of the Miami-Dade County Leave Manual.</p> <p><b>IMPORTANT:</b> I understand that my above election will remain in effect unless I make a written request to the Division Director, Payroll and Information Management, at least 4 pay periods prior to my Leave Anniversary Date.</p>			
Signature			Date

**For use by Human Resources Only**

	Signature	Print Name	Date
Personnel, Time & Attendance			

<b>Processed by:</b> _____ <b>Audited by:</b> _____
---