



MIAMI-DADE COUNTY
HUMAN RESOURCES DEPARTMENT
SICK LEAVE CONVERSION PAYMENT REQUEST FORM

Employee ID	Last Name	First Name	
Dept-Div-Loc	Bargaining Unit	Classification	Telephone

Please read and initial each of the following statements:	Initials
1. I elect to be paid for _____ hours of my sick leave which qualify to be converted to annual leave.....	_____
2. I understand that this is a one-time irrevocable election in a leave year.....	_____
3. I understand that this election must be made within two pay periods prior to the date of conversion.....	_____
4. I understand that if an overpayment is generated from processing this transaction, the full amount of the overpayment will be deducted from my next paycheck.....	_____
5. I understand that the value of my pay out will not be included as FRS wages.....	_____

Please select one of the following:

I have less than twenty years of continuous service, a minimum balance of 200 hours of sick leave and have not used ANY sick leave during the current leave year. (Eligible for a maximum payout of 40 hours and in Bargaining Unit C, E, F, G, H, K, L, M or P)

I have twenty or more years of continuous service. (Eligible for a maximum payout of 48 hours and in Bargaining Unit A, C, D, E, F, G, H, K, L, M, or P)

Employee Signature	Date

For use by Departmental Personnel only

Longevity Year: _____ Number of hours for which employee is eligible for payment: _____

Payment Requested for Pay Period Ending: _____

	Signature	Print Name	Date
Reviewed by			

For use by Human Resources only

Total Hours Paid: _____

Paid Pay Period Ending: _____ Amount Paid: _____ (PAR Code CH / Money Adjustment Code:30C)

Processed by: _____ Audited by: _____