

Oregon Health & Science Universtiy

ONA Sick Leave Conversion Form

Employee: _____ ID#: _____

Phone: _____ Mail Code: _____

Department: _____ Supervisor: _____

Consistent with agreement between OHSU and ONA, I confirm that I have regularly attended work in the _____ calendar year and am eligible per MOU #12 to convert allowable hours from my sick leave bank to my vacation/holiday bank.

I request conversion of the number of sick leave hours as selected below:

- No unscheduled absences, convert up to 24 sick leave hours:
I elect to convert _____ sick leave hours.
- 1 unscheduled absence, convert up to 16 sick leave hours:
I elect to convert _____ sick leave hours.
- 2 unscheduled absences, convert up to 8 sick leave hours:
I elect to convert _____ sick leave hours.

I understand that this authorization will permit the conversion of requested sick leave hours, not to exceed the maximum, into vacation hours as permitted under the authority of MOU #12 of the OHSU/ONA 2010 Labor Agreement, to the extent available sick hours exist at the time of this request.

Employee Signature: _____

Return completed form to Payroll by faxing the form to: 503-346-6839

Questions related to this form should be directed to the payroll office at 503-494-8103

Payroll will notify employee by email upon completion of the request.

For Payroll use only:

Sick Leave hours: - _____ Vacation hours: + _____ Reason Code: MOU #12

Payroll Approval: _____ Payroll Data Entry: _____

This authorizes the maximum conversion per MOU #12 of the OHSU/ONA 2010 Labor Agreement.