## CITY OF CHICO **Sick Leave Conversion Request Form**

Employee Name:		
members of IAFF. This pro (350 for 40 hour employee accrued (134.4 hours for 5	es), and who have not used more sick	k leave balances that exceed 480 hours leave during the year than they have 40 hour employees), to elect a payment
	Maximum Transfer Amount	Maximum Transfer Amount
Sick Leave Use	(56 hour employees)	(40 hour employees)
0 - 24 hours	96	68.54
25 - 48 hours	72	51.41
49 - 72 hours	48	34.27
73+ hour	24	17.14
	hour employees. The use and transfer	ours or more for 56 hour employees or amounts are proportional for
	ng calculated, without added overtime	gular hourly wage rate during the last full e or holiday pay, times the number of
Sick Leave Balance as o	of 12/31:	
Sick Leave Used during	; Calendar Year:	
	REQUESTED HOURS FOR F	PAYOUT:
		<del></del>
Employee Signature:		Date: