



Sick Leave Conversion Statement

Employee Name: _____

Retirement Date: _____

Department: _____

Employee ID #: _____

In conjunction with my initial retirement from Ohio University, I elect to either a one-time payout of my accrued and unused accumulated sick leave in accordance with Section 124.39 of the Ohio Revised Code or to carry forward total sick leave balance for future anticipated state employment, or any political subdivisions of the state, combination thereof.

I elect to receive a payout for my accrued and unused sick leave credit

I understand:

\$ That I must have ten or more years of service with the State of Ohio (including any time paid for) for employee separation and receiving any credit which exceeds pay

Signature of Employee: _____ Date: _____

Submit form to University Human Resources,