

# Fairfield County Wellness Program

## Request to Convert Sick Leave to Personal Leave

**Employee Name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Section 4:14 of the Fairfield County Personnel Policy Manuals outlines the Wellness Incentive Program as follows:

The wellness period runs from December 1 through November 30. In order to be eligible, an employee must be a full-time employee for the entire wellness period. All new full-time employees hired after December 1, of each year, are eligible for the program beginning with the next twelve (12) month wellness period following their date of hire where they are employed for the entire wellness period. Based upon the following schedule, eligible full-time employees will be permitted to convert a determined amount of unused sick leave to an equal number of personal leave hours.

1. If a full-time employee uses 8 hours or less of sick or unpaid leave during a wellness period, the employee may convert up to 40 hours of sick leave to personal leave hours.
2. If a full-time employee uses between 8.25 and 16 hours of sick or unpaid leave during a wellness period, the employee may convert up to 32 hours of sick leave to personal leave hours.
3. If a full-time employee uses between 16.25 and 24 hours of sick or unpaid leave during a wellness period, the employee may convert up to 24 hours of sick leave to personal leave hours.
4. If a full-time employee uses between 24.25 and 32 hours of sick or unpaid leave during a wellness period, the employee may convert up to 16 hours of sick leave to personal leave hours.
5. If a full-time employee uses between 32.25 and 40 hours of sick or unpaid leave during a wellness period, the employee may convert up to 8 hours of sick leave to personal leave hours.

### Request to Convert:

Number of sick hours available to you as of Nov. 30, 2017: \_\_\_\_\_

Number of sick hours used between Dec. 1, 2016 and Nov. 30, 2017: \_\_\_\_\_

Number of sick hours eligible to be converted to personal: \_\_\_\_\_

Number of sick hours requested to be converted to personal: \_\_\_\_\_

Department Use Only:

Request is:  Approved  
 Denied

Comments:

I understand the wellness incentive program and acknowledge that the hours I have converted to personal hours **under the program** must be taken by the end of the next wellness period: **November 30, 2018.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head or Designee/ Elected Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Payroll

\_\_\_\_\_  
Date