

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

**NOTIFICATION OF INTENT TO CONVERT
SICK LEAVE UPON RETIREMENT**

**FORM 21
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On this _____ day of _____, I _____
(date) (month) (year)
have notified the proper appointing authority of my intention to convert the balance of my legally accrued and unused sick leave to a cash benefit payment.

I understand my present sick leave balance to be _____ (hours). I further understand that such payment shall be made only once and will eliminate all sick leave credit which I have accrued.

Employee Signature

Date

ADMINISTRATIVE ACTION:

_____ Number of sick leave hours accrued.

_____ Twenty-five percent (25%) of accrued hours. (MAXIMUM 240 HOURS)

\$ _____ Employee's hourly rate at time of retirement for sick leave cash-in purposes.

\$ _____ Total dollar value of sick leave authorized for conversion to cash.

Department Head

Date

County Administrator

Date

Commissioner

Date

Commissioner

Date

Commissioner

Date