

NAME _____

University ID# _____

ELECTION TO TRANSFER SICK LEAVE TO VACATION

This form is for *faculty* appointed on a fiscal year basis and *Professional and Scientific* staff members employed in departments who have elected to report sick leave and vacation usage in terms of days. This notice must be in the Payroll Department by the month following the calendar month for which it is to be effective. Once an election to transfer sick leave to vacation has been selected and processed through a monthly payroll cycle, the election is irrevocable.

The University of Iowa requests this information for the purpose of transferring sick leave hours to vacation. No persons outside the University are routinely provided this information. Responses to all items are required. If you fail to provide the required information the University may be unable to process your request.

I hereby authorize the transfer of sick leave to vacation effective with the monthly leave record for the month of _____.

For this month only**Every month possible****Cancel previous election**

Signature _____ Date _____