

Voluntary Conversion of Vacation Days to Sick Days
Shelby County Government

Employee:

Department:

Position:

Date Submitted:

Number of Unused Vacation Days Remaining this Year:

Unused Vacation Days Requested to be Converted:

Request that the number of vacation days reflected above be converted to sick days effective December 31st.

I understand that if my employment with Shelby County Government is terminated for any reason I will not be paid for any sick days that may have accrued be they awarded at the first of the year or be they voluntarily converted from unused vacation days.

Employee's Signature:

Supervisor's Signature:

Approved by:

Elected Official's Signature

Received By:

Authorizing Signature from Auditor's Office

Date Received: