



City of Lockport Sick Leave Incentive-Conversion to PPH

Conversion requests must be submitted prior to January 31st

Employee Name: _____

Union: _____ Date of Request: _____

I request to take advantage of the Sick Leave Incentive, as outlined in the collective bargaining agreement listed above.

My sick time used in the previous calendar year was:

- Zero (0) sick days used = (3 additional Personal Days)
- One (1) or Two (2) sick days used = (2 additional Personal Days)
- Three (3) sick days used = (1 additional Personal Day)

I understand that such personal days utilized will be ***charged against my accumulated sick leave credits***, but shall not be charged as sick days used for the purpose of computing entitlement to additional day(s) hereunder.

Department Head Approval _____ DATE: _____

**Mayoral approval required if Dept Head is making request*

Civil Service Office Use Only – Employee please do not mark in this area.

Confirmed by Civil Service that the employee is entitled to the request above and a report confirming sick usage is attached for verification.

Signature: _____

Copies: Department Head Payroll Employee Finance Director