

Ohio Department of Medicaid  
**LEAVE CONVERSION/RESTORATION**  
*(for employees paid by warrant of the Director of Budget and Management)*

Name	Employee ID	Dept
Effective Date of Separation	Union	OT Flag Status

**SICK LEAVE**

I would like to be paid for all of my accumulated sick leave balances.

I would like to be paid for \_\_\_\_\_ hours of my accumulated sick leave balances with the remainder being held for future payment (within 3 years from the date of my separation) or restoration upon re-employment, provided I am re-employed within ten years of the date of my separation.

I would like to retain all of my accumulated sick leave balance for restoration upon re-employment (provided I am re-employed within 10 years from the date of separation) or for conversion (provided I convert within 3 years from the date of separation).

I do not have the state service required for sick leave conversion:

- Exempts, 1199, Attorney General Contracts: requires **ONE** year of service
- OCSEA, FOP, OSTA, OEA, Auditor of State, Treasurer of State Contracts: requires **FIVE** years of service

**PERSONAL LEAVE**

I would like to be paid for all of my accumulated personal leave balances.

I would like to retain all of my accumulated personal leave balance for restoration upon re-employment, provided I am re-employed within thirty days of the date of my separation. I understand that if I have more personal leave credit than allowable under my new position, I will receive payment for the excess leave in accordance with the rules for personal leave associated with the new position. I understand that if I am not re-employed within 30 days, my entire personal leave balance will be paid out.

**VACATION LEAVE**

I would like to be paid for all of my accumulated vacation leave balances.

I would like to retain all of my accumulated vacation leave balance for restoration upon re-employment provided I am re-employed within thirty days of the date of my separation. I understand that if I have more vacation leave credit than allowable under my new positions, I will receive payment for the excess leave at a rate equal to my base rate of pay for the position authorizing the greater annual accrual maximum. I understand that if I am not re-employed within 30 days, my entire vacation leave balance will be paid out.

I do not meet the requirements for vacation leave conversion.

Exempts: requires completion of probationary period.

**COMPENSATORY TIME**

I understand that if I am overtime-eligible, I will be paid for the \_\_\_\_\_ hours of compensatory time that I have accrued and will have a PERS deductions taken from this pay out. Overtime-exempt employees are not eligible to be paid for the hours of compensatory time they have accrued.

Signature of Employee	Date
Signature of Agency Designee	Date

**Employees:** Please return to your agency HR Administrator or email to [MCD.Payroll\\_Benefits@medicaid.ohio.gov](mailto:MCD.Payroll_Benefits@medicaid.ohio.gov).  
**HR Admin:** Please fax a copy of your completed form to DAS/HRD Payroll Support at (614) 466-1565 no later than 5:00 pm on the off-cycle Wednesday following an employee's separation.