

**REQUEST FOR ANNUAL LEAVE SELLBACK**  
 (This form can also be used to convert Sick Leave to Annual Leave)

EMPLOYEE: \_\_\_\_\_

CENTER OR WORK SITE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE REQUEST MADE: \_\_\_\_\_

**LEAVE/ABSENCE TYPE:** Annual / Personal (personal applies to HS contract employees) or Sick

Hours Requested To Sell or Convert	Requested * Leave Type(s)		
*	ANNUAL	ANNUAL LEAVE SELLBACK	*NOTE: Please enter the amount of Annual hours to sellback.
* _____ x 50%= _____	TOTAL OF SICK HOURS	**CONVERT SICK LEAVE TO ANNUAL LEAVE	*NOTE: Please enter the amount of Sick hours to convert.
		**Please circle below if you would like to sell back the annual leave: Yes      No	

COMMENTS:

**(Do not attach this Request to a timesheet)**

**Note: If supervisor disapproves request or changes the type or amount of leave available make pen & ink changes, initial these changes & return photocopy of revised form to employee.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

**Note: See Personnel Policies and Procedures Manual for a full discussion of leave.**

**Remember:** Just because a request form is submitted does not mean the request is automatically granted. Agency supervision/management retains the right to approve/disapprove this request based on policy and circumstances at the time.