

### 1. EMPLOYEE INFORMATION

Name	Unit Number	Work Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Department/Location		
<input type="text"/>		

### 2. EMPLOYEES NOT COVERED BY SEIU BARGAINING UNITS

I elect to participate in the following leave program effective the first day of the pay period this election is received by my personnel office.

- ☐ Annual Leave
- ☐ Sick Leave/Vacation

I understand I may change from Annual Leave to Sick Leave/Vacation or vice versa no more than once every 24 months.

### 3. EMPLOYEES IN SEIU BARGAINING UNITS

- ☐ Annual Leave
- ☐ Sick Leave/Vacation

I understand I may change from Annual Leave to Sick Leave/Vacation or vice versa annually during an open enrollment period during the month of April. The effective date of the election shall be the first day of the June pay period.

### 4. APPROVAL

I understand the accrual rate and usage provisions differ in the Annual Leave and Sick Leave/Vacation Programs. Further, if I am a current employee, I understand when I change from one program to another, all provisions of the program I enter apply upon the effective date. However, the annual leave, sick leave, or vacation (converted to annual leave) balances I have on the effective date of the new program will continue to be available to me to use. If I have a sick leave balance upon retirement, I may convert it to PERS service credit according to Government Code section 20963.

I make this election freely and voluntarily.

Signature _____	Date _____
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Note: New Employees: If this election form is not returned to the Personnel Office, it will be deemed an election for the sick leave/vacation program.

### 5. FOR PERSONNEL OFFICE USE ONLY

After processing election, place in employee's personnel file.

SSN: _____	
Date Election Received: _____	Received By: _____
Effective Date: _____	Date Eligible to Change: _____