



409 Bell Road Rome, New York 13440

Sick to Personal Time Conversion Request Form

I, \_\_\_\_\_ intend to convert \_\_\_\_\_ of my sick days to be used as  
(number)

\_\_\_\_\_ personal day(s) during the current school year.  
(number)

Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied due to insufficient number of sick days.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent and/or  
Director of People Operations.



Please note that a maximum of six (6) sick days may be converted into two (2) personal days per school year.

Completed forms shall be submitted to the Director of People Operations Office for review.

Cc: Employee  
Payroll  
File