



LIVINGSTON COUNTY
SICK TIME BALANCE FORM
Plan Year 1/1/19-12/31/19

Employee Name: _____

Employee ID #: _____

DATE: November 13, 2018

Please select how you want your sick time to be handled in the event you have unused hours at year-end, **2019.**

There are two options available to you. ***Please place your initials next to your selection:***

_____ Roll over 100% of my remaining sick days (up to six) into my 'sick reserve bank',

OR

_____ Receive payment for 50% of my sick days in my **December 05, 2019** paycheck

Please return this completed form to the Human Resources Department no later than December 10, 2018. If we do not receive a form back from you by December 10th, you will be set up with the 'roll-over' option which cannot be changed for 2019 (You will be able to change this option each year). If you are concerned about us not receiving your form in time, it may be best to drop it off in person or scan and email it to: MWylie@livgov.com Thank you for your assistance in this matter and please let us know if you have any questions!