

Prepared by the Personnel Management Office.  
This replaces Administrative Procedure A9.350  
dated July 1982.

September 1990

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LEAVES

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A9.350 APPLICATION FOR TRANSFER OF VACATION AND SICK LEAVE  
CREDIT OR PAYMENT IN LIEU OF VACATION

1. Purpose. To comply with Section 79-5 HRS, Transfer of Vacation Credits and also Title 14, Administrative Rules, Department of Personnel Services Section 8-11(d) concerning "General provisions affecting vacation and sick leaves" and other appropriate collective bargaining agreements.
2. References.
  - a. Administrative Procedure A9.380, Vacation and Sick Leave System
  - b. Administrative Procedure A9.390, Vacation Credit Fund Transfer
  - c. Section 88-63 HRS, Credit for Unused Sick Leave
3. Objective. To prescribe the procedure to be followed in preparing and certifying the application for transfer of vacation and sick leave credit or payment in lieu of vacation.
4. Applicability/Responsibility.
  - a. This procedure is applicable to all University personnel who are on the accrual system.
  - b. Vice Presidents, Chancellors, Manoa Deans and Directors or their designees are responsible for processing the necessary documentation for transfer of vacation and sick leave credits or payment in lieu of vacation.
5. Transfer, Lump-Sum Payments and Separations
  - a. The employee transfers to another state or county agency and vacation and/or sick leave credits are to be transferred to the gaining organization, or

- b. The employee is eligible for and requests lump sum payment for unused vacation, or
- c. The employee transfers to a position within the University which is paid from a different fund and vacation credits (including dollar amounts) are to transferred, or
- d. The employee terminates and has some unused sick leave credit.

6. Procedures

a. Employee on the Vacation and Sick Leave Accrual System.

- 1) Employee on the vacation and sick leave accrual system include civil service personnel and BOR appointees in the R, S, B, A, APT and E/M classifications.
- 2) Transfers of vacation and sick leave and payment for accumulated vacation upon termination require the designee to prepare the Application for Transfer of Vacation and Sick Leave Credit of Payment in Lieu of Vacation, Form G-2 and Instructions (Attachment A and B), which must be signed by the employee and the Administrative Officer or fiscal officers and the Attendance and Leave Record, DPS Form 7 and Instruction (Attachments C and D) for the current calendar year and attach original copies of the vacation and sick leave annual Leave Status Report in the following manner:

- a) Original Leave Status Reports are needed for the four (4) calendar years immediately preceding the year of transfer or termination.

(Note: Special attention should be given to the period immediately prior to the terminate date to be sure that recent or planned absences before such date are recorded.)

- b) Faculty (except Community Colleges)

- (1) Effective December 1, 1989, 9-month and 11-month Faculty in the instructional

classifications at UH Manoa, Hilo and UH at West Oahu shall be granted sick leave benefits as provided in the Employer's policy.

- (2) Effective December 1, 1989, Faculty Members in the instructional classifications at UH Manoa, Hilo and UH at West Oahu who were employed prior to July 1, 1989 and not eligible to earn and accumulate sick leave credits shall, beginning with their most recent date of hire, be credited with ten (10) days for sick leave for each full academic year of service prior to July 1, 1989. Time spent on sabbatical leave, study leave or leaves of absence without pay shall not be creditable towards prior sick leave credit.
- (3) Faculty Members in R, S, B and A classification shall retain their sick leave benefits in accordance with existing practices, except that effective January 1, 1990, sick leave benefits for such Faculty Members shall be in accordance with the Employer's policy applicable to the instructional Faculty at UH Manoa, Hilo and UH at West Oahu.

- b. Executive/Managerial Appointee Returning to Instructional Faculty Position.

When an Executive/Managerial appointee returns to an instructional faculty position, lump-sum vacation payment shall be made.

- c. Community Colleges

- 1) Faculty Members in the Community Colleges shall retain their sick leave benefits as set forth in Appendix S of the 1977 Faculty Handbook.

Personnel classified as "C" in the community colleges have their sick leave record maintained at teach campus. The Director of Administrative Services is responsible for preparing the Form G2

and the DPS 7's as provided in Attachments A, B, C and D.

- 2) The DPS Form 7 should be prepared using the following guidelines for "C" personnel:
- a) Personnel on the nine-month salary schedule receive their annual sick leave entitlement at the beginning of the academic year, or a prorated amount if appointed late. Under the present academic calendar, the entitlement should be recorded during the month of August, or later if a late appointment in accordance with paragraph b below. Should a faculty member terminate prior to completion of an academic year, the entitlement must be reduced by 16 hours for each month of service not completed. Eleven-month personnel earn sick leave entitlement at the rate of 1 3/4 days per month (14 hours). When preparing the DPS Form 7, this must be recorded for each month.
  - b) Nine-month personnel in service for the full academic year are entitled to 18 days of sick leave. Those appointed after August 31 shall have entitlement prorated as follows:

First Semester	Days Earned	Second Semester	Days Earned
August	18	Start of 2nd semester through January	9
September	17	February	7
October	15	March	5
November	13	April	3
December to end of semester	11	May	1

Note: The months have been changed from those shown in appendix S of the Manoa/Hilo Handbook to conform to the present academic year.

- c) Employees absent from work on account of sickness shall have charged against their sick leave allowance all working days which occur during the absence. For "C" personnel on 11-month appointments, this means any regular University work day exclusive of

non-duty time during the summer period. For "C" Personnel on 9-month appointments, this means any regular University work day during the period beginning one week before registration for the first semester ending with the second semester's commencement, including periods when classes are not scheduled. As used in this paragraph "regular University work day" is synonymous with regular State of Hawaii work day and does not include holidays and weekends.

d) Form G2, Application for Transfer of Vacation and Sick Leave Credit or Payment in Lieu of Vacation.

- 1) The G2 and the supporting documents should be prepared, audited and certified by the respective division as appropriate.
- 2) Prior to distribution of G2 copies, a final check to insure for accuracy shall be made. In event of an error, prepare an amended G2 and attach the incorrect copies to the Amended G2 and distribute accordingly.
- 3) The respective division is to distribute documents in the following manner:

For Lump Sum Payment

- 1st copy to Payroll Office
- 2nd copy to ERS
- 3rd copy retained by division level (if civil service to the Civil Service Section, if E/M to the Personnel Management Office, Director's Office)
- 4th copy to employee
- 5th copy (extra)

For Sick Leave Only

- 1st retained by Division
- 2nd copy to ERS
- 3rd copy retained by division level (if civil service to the Civil Service

Section, if E/M to the Personnel  
Management Office, Director's Office)

- 4th copy to employee
- 5th copy extra

For Transfer to Another State or County  
Agency

- 1st\*, 2nd, 4th and 5th copy to the  
department gaining the employee
- 3rd copy retained by division level  
(if civil service to the Civil Service  
Section, if E/M to the Personnel  
Management Office, Director's Office)

\*1st copy attached to Authorization for  
Payment only if monies need to be  
transferred.

STATE OF HAWAII

Attachment A

APPLICATION FOR TRANSFER OF VACATION AND SICK LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION

(3) RETIREMENT

BU (1)

FORM NO. DEPARTMENT (2) EFFECTIVE DATE OF ACTION (3) EMPLOYEE S.S. NO. (4) POSITION NUMBER (5) EMPLOYEE NAME LAST (6) FIRST (6) MIDDLE INITIAL PAYROLL NUMBER (7)

SECTION A

(8b) (8a) (CHECK ONE BOX ONLY) REPORTED BY: [ ] DAYS [X] HOURS

- 1 ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 19 (9)
2 LEAVE CREDITS EARNED FROM JANUARY 1, 19 (10) TO EFFECTIVE DATE OF ACTION
3 LEAVE TAKEN FROM JANUARY 1, 19 (10) TO EFFECTIVE DATE OF ACTION
4 BALANCE REMAINING AT EFFECTIVE DATE OF ACTION (20) AUDITED date
5 MAXIMUM ACCUMULATION ALLOWED AT DECEMBER 31, 19 By initial Div or Branch
6 EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED. Ofc

Table with columns VACATION and SICK, rows (11) through (14), and a shaded area at the bottom right.

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE.

(15)

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION B

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR:

- (16a) PAYMENT FOR VACATION EARNED AT TERMINATION OF SERVICE
(16b) TRANSFER OF VACATION AND SICK LEAVE CREDITS AND/OR THE AMOUNT (\$) OF VACATION CREDITS TO (17) DEPARTMENT OR COUNTY TITLE (RECEIVING) FROM (18) UNIFORM ACCOUNTING CODE TO (17) UNIFORM ACCOUNTING CODE

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR VACATION AND SICK LEAVE CREDITS AGAINST THE DEPARTMENT FROM WHICH I AM BEING TRANSFERRED OR AGAINST THE STATE GOVERNMENT FROM WHICH I AM BEING TERMINATED.

APPROVED (19) SIGNATURE OF DEPARTMENT HEAD

(15) SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

(19) DATE

(15) DATE

SECTION C

- [ ] PAYMENT FOR VACATION IN EXCESS OF MAXIMUM.

I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 19 BY REASON OF SUCH CONDITIONS; AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION.

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR THE ABOVE VACATION ALLOWANCE, IN EXCESS OF THE MAXIMUM, FOR WHICH I AM BEING PAID:

DEPARTMENT HEAD

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

DATE

DATE

INSTRUCTIONS

FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS), AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER(CENTRAL PAYROLL)

**INSTRUCTION FOR COMPLETING FORM G-2, APPLICATION FOR TRANSFER OF  
VACATION AND SICK LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION**

1. Enter bargaining unit code.
2. Enter University of Hawaii--Division or Branch Office. (e.g., University of Hawaii--SSRI)
3. Enter date of separation.
4. Enter social security number.
5. Enter position number.
6. Enter name as it appears on the SF-5 or 5B.
7. Enter payroll number with prefix "F" (eg. F65)
- 8a. Enter "X" in hours box.
- 8b. If employee's FTE is less than 100% indicate FTE. (eg. 75% time)
9. Enter prior year.
10. Enter current year.
11. Enter prior balance in two decimal places eg., 0 minutes = .00; 15 minutes = .25 hours; 30 minutes = .50 hours.
12. Enter leave hours earned.
13. Enter leave hours taken in two decimal places as in Item 11 above. If no leave hours taken, enter 0.00.
14. Enter balance remaining in two decimal places as in Item 11 above. If there is no remaining balance, enter 0.00.
15. Employee's Signature and date.  
  
If employee is not available, type in both places "unavailable rfor signature" and the Administrative Officer's signature is requested.
- 16a. If the employee terminates, resigns or retires, check this block if payment for vacation earned is to be made. However, if the vacation balance is zero (0) and sick leave balance remains, insert in parenthesis "sick leave only".
- 16b. Check this block if employee is transferring to another state or county agency.



17. Enter name of the other state or county agency and the receiving state agency's account code in the case of transfer.
18. Enter employee's current account code.
19. Administrative Officer's signature and date.
20. Audit stamp.

(8) 19	(1) Name				(2) SSN				(3) VH--				(4) Pos. #				(5) P/R #				(6) Bu #				(7) LEAVE RECORD			
	8	No. of Hrs. Less than 8 Hrs. Wk.	8-Hrs. of Wk. Over Time Work	—	I	V	S	F	I	W	F	C	M	I	A	L	X	31	Bal. Fwd.	Vac. Hrs.	Sick Hrs.	CTF	CTZ					
1																			Used	(9)	(9)							
2																			Earn	(10)	(10)							
3																			Bal.	(11)	(11)							
4																			Bal.	(12)	(12)							
1																			Used									
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(13)  
X Appt 8/4/85

(14)  
X S.T. 9/16/86

INSTRUCTION FOR COMPLETING DPS FORM 7, LEAVE RECORD

1. Enter last name, first and middle initial.
2. Enter social security number.
3. Enter UH,--College, School, Institute, appropriate systemwide office, etc.
4. Enter position number.
5. Enter payroll number.
6. Enter bargaining unit code.
7. Enter FTE if less than 100% time. (eg. 50%+)
8. Enter applicable calendar year.
9. Enter balance from previous calendar year.
10. Enter hours taken for each applicable month.
11. Enter hours earned for each applicable month.

Note: Report sick leave earned by Community Colleges faculty in the following manner:

- . For faculty on calendar year appointment: Enter hours earned each month.
- . For faculty on academic year appointment: Enter hours earned at beginning of academic year (or pro rata amount in the appropriate month for the remainder of the year if appointed late).

12. Enter balance for each applicable month.
13. If employee is hired after the 1st of a month, enter "X" on date of hire and indicate date of hire.
14. Enter "X" on date employee terminates or retires and indicate date of termination.