



**LIVINGSTON COUNTY**  
**SICK TIME BALANCE FORM**  
**Plan Year 1/1/2024-12/31/2024**

**Employee Name:** \_\_\_\_\_

**Employee ID #:** \_\_\_\_\_

**DATE:** November 13, 2023

---

**Please select how you want your sick time to be handled in the event you have unused hours at year end, **2024**.**

***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 **January 23, 2025** paycheck

**OR**

\_\_\_\_\_ Deposit value of 50% of my sick days in my Nationwide 457 Account. Additional paperwork is required. [Click here for Nationwide form.](#) If your Nationwide form is **not received** by payout date, your sick days will default to the **roll-over option**.

**Please return your completed form to the Human Resources Department no later than December 8, 2023.**

If we do not receive your completed form back by December 8th, you will be set up with the 'roll-over' option for 2024 **which cannot be changed**. You will be able to make an election to roll-over or receive payment from your SICK Bank each calendar year.

If you are concerned about us not receiving your form in time, you may want to drop your form off at Human Resources (there is a secure lock box outside of HR) or email your form to: [JBrown@livgov.com](mailto:JBrown@livgov.com).

Please let us know if you have any questions - Thank you!