



**State of Oklahoma  
Office of Management and  
Enterprise Services  
Human Resources Department**

**Payroll Conversion Bank  
Election Form**

Employee I.D. \_\_\_\_\_

House Bill 1111 of the 1<sup>st</sup> Session of the 52<sup>nd</sup> Legislature authorizes the creation of employee payroll conversion banks for the purpose of funding the gap in payroll when transitioning to a biweekly payroll system.

Employees have the option to “bank” up to 80 hours of leave in order to ease the financial impact of this transition. The banked leave may be any combination of annual, compensatory leave, or sick leave with a maximum of 40 hours of sick leave. The total cannot exceed 80 hours. The hours will not be deducted from the employee’s leave balance until shortly before it is processed. Employees must maintain their leave balances until the conversion.

**Please complete this form in its entirety with your selections, sign, scan and e-mail to [Payroll.Service@omes.ok.gov](mailto:Payroll.Service@omes.ok.gov) no later than June 1, 2013. You will receive an e-mail confirming receipt.**

If you do not wish to participate in the payroll conversion gap payment, you may, but are not required, to confirm your election by using this form. Only forms with a positive election that specifies hours and source(s) will be paid.

**Section I: Employee Conversion Hours Election**

I elect NOT to be paid any earned annual or sick leave and/or compensatory time for the payroll conversion gap. (Please go directly to signature section)

I elect to be paid the following earned annual or sick leave and/or compensatory time for the payroll conversion gap (designate number of hours in each category elected):

**Hours Source**

\_\_\_\_\_ Earned Compensatory Time

\_\_\_\_\_ Earned Annual Leave

\_\_\_\_\_ Earned Sick Leave (authorized up to forty (40) hours maximum)

\_\_\_\_\_ Total Hours Elected (not to exceed 80 hours)

**Section II: Employee Hours Balance Fulfillment Election**

At the time of conversion to a biweekly payroll system, if I do not have the designated amounts selected in Section I, I authorize the agency to use the following order to fulfill the balance of Total Hours Elected **(number 1 to 3 in order of preference)**:

\_\_\_\_\_ Earned Compensatory Time

\_\_\_\_\_ Earned Annual Leave

\_\_\_\_\_ Earned Sick Leave

*At the time of conversion to a biweekly payroll system, if I do not have the amounts designated in Section I, I understand that I will only be paid for hours available within each leave category in the order specified in Section II. I further understand that the agency will not fulfill the balance of the Total Hours Elected in Section I or II if I do not have the leave balances when the gap payment payroll is processed.*

**Section III: Employee Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date