

MANSFIELD CITY SCHOOLS

**REQUEST TO CONVERT VACATION DAYS FOR DEPOSIT TO**  
**HEALTH CARE SAVINGS ACCOUNT**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL OR DEPARTMENT \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_

I am requesting to have \_\_\_\_\_ of my accrued vacation days converted to pay for deposit into my Health Care Savings Account. I understand one time per fiscal year, I am permitted to convert up to a maximum of five (5) vacation days for pay at my current daily rate, to be deposited into my Health Care Savings Account. A fiscal year begins July 1<sup>st</sup>. The final day to request days is May 31<sup>st</sup>, of each fiscal year.

I understand there is a maximum contribution permitted into my Health Care Savings Account each calendar year and it is my responsibility to make sure I do not over contribute.

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

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Date