REQUEST FOR TRANSFER OF SICK LEAVE

I am granting authorization for _____ (# of days) of my sick days to be transferred to

_____.

This employee is my (circle one) spouse child sibling parent

I understand this will be effective _____. (date relative no longer

has sick days)

_____ _____

Signature of Employee Date

_____ _____

Assistant Superintendent Date

Request for Transfer of Sick Leave Policy is in our JPS Approved Policies - Sec 3.8 Licensed Personnel Sick Leave Policy & Sec 8.5 Classified Employee Sick Leave.