



Transfer of Unused Sick Leave

Previous District/Organization: _____

Employee's Name: _____ Employee's SSN: _____
Last First MI

TO BE FILLED OUT BY PREVIOUS EMPLOYER

Position held/Job Title	School Years	Days of accumulated unused sick leave at time of separation

Name of Authorized Official Signature Title

Address

Date Email Phone Number

Return To: Emily Nathan, Director of Operatios
2023 8th St.
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