

**Twinsburg Education Association
SICK LEAVE TRANSFER NOTICE**

_____, an employee of _____ years, who works at
(Name) (number)
_____ building is about to exhaust the employee's
accumulated sick leave and has requested the transfer of sick leave from any employee willing to transfer
one or more days. It is estimated that _____ days will be needed.

Any employee wishing to transfer accumulated sick leave should complete the form below and return it to
the District Treasurer. A donor employee may not transfer more than five (5) sick leave days per year and
is prohibited from depleting the donor employee's own sick leave accumulation below thirty (30) days.

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SICK LEAVE TRANSFER AUTHORIZATION

I, _____, authorize the transfer of _____ days of my
accumulated sick leave to _____.

Employee Signature

Date