

**Twinsburg Support Staff  
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 Board Treasurer. A transfer that would reduce the donor employee below thirty (30)  
accumulated days will not be implemented.

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**SICK LEAVE TRANSFER AUTHORIZATION**

I, \_\_\_\_\_, authorize the transfer of  
\_\_\_\_\_ hours (maximum forty [40] hours) of my accumulated sick leave to  
\_\_\_\_\_.

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

\_\_\_\_\_  
Employee's Identification Number

\_\_\_\_\_  
Date