

Twinsburg Support Staff
SICK LEAVE TRANSFER NOTICE

_____, an employee of _____ years, who works at
(Name) (number)

_____ building is about to exhaust his/her 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 treasurer. A transfer which would reduce the donor employee below thirty (30)
accumulated days will not be implemented.

.....

SICK LEAVE TRANSFER AUTHORIZATION

I, _____ authorize the transfer of
_____ hours(s) (maximum forty (40) hours) of my accumulated sick leave to
_____.

Employee Signature

Social Security Number

Date

TENTATIVE AGREEMENT

Board Representative Date

Association Representative Date