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.