

**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.