

Employee to Employee  
Transfer of Sick Leave Days  
Licensed Policy 3.8 and Classified Policy 8.5

PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Employee transferring days to: \_\_\_\_\_

Total number of days to transfer: \_\_\_\_\_

Signature: \_\_\_\_\_

.....

**Administration Office Use Only:**

Name	APSCN	Leave Book	Email Notification

Name/Date	Begin Balance	Transfer Total	End Balance

Name	APSCN	Leave Book	Email Notification

Name/Date	Begin Balance	Transfer Total	End Balance