

8.5 A – Non Certified Personnel Transfer of Sick Days Form

Transfer of Sick Days Form

This is to verify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

I \_\_\_\_\_ am giving \_\_\_\_\_ of my sick days to \_\_\_\_\_. I am aware that by signing this form the number of days stated above will be taken off of my sick days and will then belong to the receiver.

\_\_\_\_\_  
Signature of Giver

\_\_\_\_\_  
Signature of Receiver

\_\_\_\_\_  
Date