

**Suwannee County School District  
Employee Sick Leave Transfer Form**

Eligible Personnel: All employees that are classified as full time and that have accumulated more than five days of sick leave.

For information regarding the program parameters and guidelines, see Use of Sick Leave by Family Members or Employees, Policy 6.35, SCSB Policy Manual.

This is the authorized transfer of my sick leave hours to:

\_\_\_\_\_ ID# \_\_\_\_\_,

in the event that he/she has totally depleted his/her sick leave during the

\_\_\_\_\_ fiscal year.

Please transfer hours as needed up to a maximum of \_\_\_\_\_ hours.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID #