

REQUEST for TRANSFER of FAMILY MEMBER SICK LEAVE

Sick Leave Transfer From:

| | |
|--|---|
| _____ Name of Employee Transferring Leave | _____ Employee ID Number |
| _____ School/Department Name | _____ School/Department Number |
| _____ Position | _____ # of Hours Transferred (no less than 5 day blocks) |
| _____ Employee Signature | _____ Date of Request |

Sick Leave Transferred to:

Please check what relationship recipient is to the donating employee

- Spouse Child Parent Sibling

| | |
|--|-----------------------------------|
| _____ Name of Employee Receiving Leave Transfer | _____ Employee ID Number |
| _____ School/Department Name | _____ School/Department Number |
| _____ Position | |

- I have attached documentation supporting my medical condition as verified by a Florida licensed medical practitioner.

For PAYROLL Use Only:

Date Request Received: _____

- Sick Leave exhausted

| | | |
|------------------------------------|-------------------------------|---------------|
| _____ Date Sick Leave Exhausted | _____ Verifier's Signature | _____ Date |
|------------------------------------|-------------------------------|---------------|

- _____ # of hours Sick Leave credited to receiving employee

| | | |
|-------------------------------|-------------------------------|---------------|
| _____ Date HB684 Processed | _____ Verifier's Signature | _____ Date |
|-------------------------------|-------------------------------|---------------|

| | |
|--------------------------|-------------------------|
| _____ Payroll Manager | _____ Date Completed |
|--------------------------|-------------------------|

c: Receiving Employee's School/Department Timekeeper
c: Transferring Employee's School/Department Timekeeper