

REQUEST FOR TRANSFER OF FAMILY MEMBER SICK LEAVE

\_\_\_\_\_  
Name of Employee Transferring Leave

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
School/Department Name

\_\_\_\_\_  
School/Department Number

\_\_\_\_\_  
Position

\_\_\_\_\_  
# of Hours Transferred (no less than 5 days)

\_\_\_\_\_  
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 Receiving Leave Employee

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
School/Department Name

\_\_\_\_\_  
School/Department Number

\_\_\_\_\_  
Position

**FOR OFFICE USE ONLY:**

Date Request Received: \_\_\_\_\_

All sick leave exhausted (verified with payroll). \_\_\_\_\_  
Verifier's Signature

\_\_\_\_\_ # of hours sick leave credited to receiving employee.

cc: Receiving Employee      Receiving Employee's School/Department Administrator  
Transferring Employee      Transferring Employee's School/Department Administrator

\_\_\_\_\_  
Payroll Supervisor

\_\_\_\_\_  
Date Completed