



## REQUEST TO TRANSFER SICK LEAVE TO ANOTHER EMPLOYEE

1012.61 of Florida Statutes allows a district employee to transfer sick leave to another individual who is also a district employee provided the transfer relates to personal illness, injury or disability of the receiving employee; or illness, disability, or death of a family member.. Transferred sick leave cannot benefit the recipient until their accrued sick leave balance has been depleted. The recipient may be eligible for holiday pay, if applicable, as a result of transferred sick leave. **See the Leon County Schools Leave Procedure for additional information and explanation.**

**To authorize the transfer of sick leave from one employee to another, the authorizing employee must retain at least five (5) days of sick leave as of the time of donation according to Board policy. This form, along with a physician's certification must be completed and submitted to the Leave Accounting Office and will be credited retroactively only if the request is within fifteen (15) workdays after the sick leave has been exhausted. Requests not received by this deadline will be credited effective from the date received in the Leave Accounting office. Leave must be transferred in blocks of five (5) days. Any transferred sick leave that is not used as anticipated shall be returned to the donating employee upon the recipient's return to work. In case of multiple donors, the unused leave will be pro-rated to each donor.**

**PLEASE PRINT**

<b>Transferring Employee's Name (do not use nicknames):</b>	
<b>Transferring Employee's SS#:</b>	
<b>Transferring Employee's Position Title:</b>	<b>Transferee's Pay Type:</b>
<b>Transferring Employee's Cost Center Name and Code:</b>	
<b>Number of Days Transferred:</b>	
<input type="checkbox"/> <b>I wish this transaction to be completed anonymously.</b>	

**Transferring Employee Signature:** (sign in the presence of a Notary) \_\_\_\_\_

Notary: State of \_\_\_\_\_, County of \_\_\_\_\_. The above named person who has sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and is personally known \_\_\_\_\_ or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Stamp Commissioned Name of Notary Public

<b>Recipient's Name (do not use nicknames):</b>	
<b>Recipient's SS#:</b>	
<b>Recipient's Position Title:</b>	<b>Recipient's Pay Type:</b>
<b>Recipient's Cost Center Name and Code:</b>	

**FOR LEAVE ACCOUNTING USE ONLY  
DO NOT WRITE BELOW THIS LINE**

Date transfer effective	Amount of hours transferred	Transferring employee's rate of pay	Recipient's rate of pay

**Signature of Leave Accounting Staff:** \_\_\_\_\_ **Date** \_\_\_\_\_