



REQUEST TO TRANSFER SICK LEAVE TO ANOTHER EMPLOYEE

Florida Statute 1012.61 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. **Refer to the Leon County Schools leave procedures for additional information.**

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 Time & Attendance 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 Time & Attendance 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

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

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

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

***** **TIME & ATTENDANCE USE ONLY - DO NOT WRITE BELOW THIS LINE** *****

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

Signature of Time & Attendance Staff: _____ **Date** _____