



REQUEST TO TRANSFER SICK LEAVE OUT

Name: _____

Social Security Number: _____

Upon termination of employment in a leave eligible position with Leon County Schools (LCS), employees may request to transfer the balance of unused sick leave to another agency. Please complete the following information:

Position held with Leon County Schools:

Instructional Non-Instructional Termination Date: _____

Name and Address of Receiving Agency:

Signature: _____ Date: _____