

APPENDIX G

SICK LEAVE FAMILY ILLNESS TRANSFER REQUEST

Form available on District Website

I hereby request transfer of one personal illness sick leave day from my accumulated sick leave to immediate family illness leave for the following day:

____/____/____
Month Day Year

Maximum number of days to transfer can not exceed three in any given year.

NOTE: All provisions of Article XV of the Agreement shall be observed.

*Please attach this request form to your absent report prior to sending to Central Office.

Employee Signature

____/____/____
Date

Superintendent's Signature

____/____/____
Date