



# THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

75 North Pace Boulevard ~ Pensacola, Florida 32505

Phone (850) 469-6111 Fax (850) 469-6353

www.escambiaschools.org

## REQUEST TO TRANSFER SICK LEAVE

Name: \_\_\_\_\_

Social Security Number: xxx-xx-\_\_\_\_\_

Work Location: \_\_\_\_\_

Please transfer my sick leave balance to the following School District:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Payroll Use Only:

Date hired: \_\_\_\_\_ Date resigned: \_\_\_\_\_

Hours transferred: \_\_\_\_\_ Date transferred: \_\_\_\_\_

Payroll Specialist: \_\_\_\_\_

Affirmative action/equal opportunity employer