

PICKERINGTON LOCAL SCHOOL DISTRICT  
**Sick Leave Transfer Request Form**

Sick leave transfer requests (not to exceed thirty [30] days) must be submitted to both the Superintendent/Designee and the Association President for approval.\*

Employee ID

I, \_\_\_\_\_, do hereby request \_\_\_\_\_ day(s) of sick leave  
Name of Employee (please print) # of days

transfer starting with \_\_\_\_\_ through to \_\_\_\_\_  
Month Day Year Month Day Year

This request is due to the following catastrophic personal illness, or illness of a child and/or spouse (please explain).

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**I hereby certify that this request is due to catastrophic personal illness, or illness of a child and/or spouse.**

\_\_\_\_\_  
Date Signature of employee making request

Request for sick leave transfer for \_\_\_\_\_ number of days.  Approved  Disapproved

\_\_\_\_\_  
Superintendent/Designee Association President

\*Approved requests will be submitted to the Sick Leave Transfer Committee for collecting and verifying sick leave transfer days.