

## APPENDIX B

### 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 cannot exceed three (3) 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's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

\_\_\_\_\_

Superintendent's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date