

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
HUMAN RESOURCES

REQUEST TO TRANSFER FAMILY MEMBER SICK LEAVE

Instructions: To authorize the transfer of sick leave from one employee to another, this form must be completed, notarized, and submitted to the Human Resources Department.

An employee may authorize the transfer of some or all of his or her accumulated sick leave to his or her immediate family who is also an employee of the School Board of Sarasota County. "Immediate Family" shall be defined as a spouse, parent, child, brother, sister, grandparent, parent-in-law, sister-in-law, brother-in-law, other close relative, or member of his/her own household. Sick leave may only be transferred to those family members specified above and may not be transferred between non-related employees. Sick leave may only be transferred when the receiving employee has fully exhausted his or her existing sick leave accrual (excluding sick leave bank days) and must be utilized at the time of transfer. Sick leave may only be transferred while the family member is on approved sick leave status. This transfer may occur across bargaining units.

TRANSFERRING EMPLOYEE:

- The transferring employee is the employee that wants to transfer sick leave to a family member who is also employed by the district.
- The transferring employee's accrued sick balance will be reduced by each transfer.
- The transferring employee must complete the information in 1 through 11 below.
- The transferring employee's oath and signature are required to authorize the transfer.
- The transferring employee's oath and signature must be notarized.

PRINT INFORMATION

1.	Transferring employee's name (do not use nicknames) _____						
2.	Transferring employee's ID number (A#) _____ SSN XXX-XX- _____						
3.	Transferring employee's position title _____						
4.	Transferring employee's work location and cost center number _____						
5.	Number of days transferred (transferred hours/hours per recipient = days) _____						
6.	Transfer dates _____						
7.	Recipient's name _____						
8.	Recipient's ID number (A#) _____ SSN XXX-XX- _____						
9.	Recipient's position title _____						
10.	Recipient's work location and cost center number _____						
11.	Transferring employee's oath: I solemnly swear or truthfully affirm that I, _____, (transferring employee's name) am related to recipient _____ (recipient's name) as his/her _____ (specify relationship). I understand that any false statement on this form will result in disciplinary action.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Transferring Employee Signature</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">Sworn and subscribed to me this _____ day of _____, 20__ by _____, who is personally known to me or who has produced _____ as identification.</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 45%;">Notary Public Signature</td> <td style="width: 55%; text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;">Notary Seal</div> </td> </tr> </table>		Transferring Employee Signature	Date	Sworn and subscribed to me this _____ day of _____, 20__ by _____, who is personally known to me or who has produced _____ as identification.		Notary Public Signature	<div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;">Notary Seal</div>
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HR/Payroll Use Only

Request Received _____ Physician's Conf. Received _____ Board Date _____

Payroll Supervisor Signature _____ Date _____ Human Resources Director Signature _____ Date _____