

OKEECHOBEE COUNTY SCHOOL BOARD
AUTHORIZATION OF SICK LEAVE TRANSFER

A district employee may authorize a spouse, child, parent, or sibling who is also a district employee to use sick leave that has accrued to the authorizing employee. Sick leave obtained from a sick leave pool (bank) is excluded. The recipient may not use the donated sick leave until all of his/her leave has been depleted, excluding any sick leave time that might be available to the recipient by virtue of being a member of a sick leave pool. Donated sick leave shall have no terminal pay value.

I, _____, _____
Donor's Name Social Security Number

_____, do authorize the Okeechobee County
School/Dept.

School Board to transfer _____ day(s) of my accumulated sick leave during the

current pay period to _____,
Recipient's Name Social Security Number

_____, who is my spouse, child, parent, or
School/Dept.

sibling (please circle one).

Donor's Signature

Date

Recipient's Signature

Date

COPIES:

1. Donor
2. Recipient
3. District Payroll Department
4. School Payroll Department(attach to payroll)