

**West Linn-Wilsonville School District 3Jt**

ADMINISTRATION BUILDING

22210 SW Stafford Rd. - Tualatin, OR 97062 - 503-673-7000 or Fax 503-673-7001

**REQUEST TO TRANSFER SICK LEAVE**

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

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Previous School District)

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_\_\_\_\_

 (Employee Name)

For the purpose of transferring sick leave, please furnish the following information and return directly to:

 West Linn-Wilsonville School District

Payroll Department

 22210 SW Stafford Rd

 Tualatin, OR 97062

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee Signature)

This is to certify that the person whose signature appears above was employed by this school district during the period indicated and had accumulated, unused sick leave as follows:

Employment dates: from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

Unused sick leave at time of separation: \_\_\_\_\_\_\_\_\_\_ hours

Sick leave transferred from another Oregon employer: \_\_\_\_\_\_\_\_\_\_ hours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date