



**Division of Human Resources
Sick Leave Transfer Authorization**

Pursuant to Section 1012.61 of Florida Statutes and School Board Policies 3432, 4432, and 1432, a district employee may authorize the transfer of sick leave to his or her spouse, child, parent, or sibling who is also a district employee, provided that the transfer relates to an illness or injury of the person to whom the leave is transferred. The recipient--employee of the sick leave transfer must be in a position that is eligible to accrue sick leave.

The recipient of the sick leave may not use the donated sick leave until all of his/her accrued leave has been exhausted. Donations shall be in amounts of five (5) or more days, or the remainder of the employee's sick leave balance if less than five (5) days. Donated sick leave shall have no terminal value as provided in Florida Statute 1012.61(2).

Medical documentation of the illness or injury of the sick leave recipient must be submitted with this authorization form.

Transferring Employee -- The Transferring Employee is the employee who is requesting to transfer sick leave to a family member who is also employed by the District.

Name: _____ Employee ID #: _____

Position Title: _____ Work Location: _____

Recipient Employee -- The Recipient Employee is the employee who will receive transferred sick leave from a family member who is also employed by the District.

Name: _____ Employee ID #: _____

Position Title: _____ Work Location: _____

Relationship of Transferring Employee to Recipient Employee: ☐ Spouse ☐ Child ☐ Parent ☐ Sibling

Number of sick **hours** to be transferred _____

I hereby authorize the transfer of sick leave to the recipient employee. I solemnly swear and truthfully affirm that I am related to the recipient as indicated above. I understand that falsification of this form may result in disciplinary action.

Signature of Employee Transferring Sick Leave

Date

Sick Leave Transfer Approval

Deputy Superintendent or Designee

Date