



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

75 N. Pace Blvd.
PENSACOLA, FL 32505
PHONE 850/469-6111, FAX 850/469-6353
<http://www.escambia.k12.fl.us>
MALCOLM THOMAS, SUPERINTENDENT

REQUEST TO TRANSFER SICK LEAVE

Name: _____

Social Security Number: xxx-xx-_____

Work Location: _____

Please transfer my sick leave balance to the following School District:

Signature: _____ Date: _____

For Payroll Use Only:

Date hired: _____ Date resigned: _____

Hours transferred: _____ Date transferred: _____

Payroll Specialist: _____