



*Vision - Service - Leadership*

## Leave Transfer Form

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

**Dear Superintendent or Designee,**

The following individual has accepted employment with the Stark County Educational Service Center. Please provide their sick leave accumulation and return by email to our Payroll Administrator, Christina Smith [christina.smith@apps.sparcc.org](mailto:christina.smith@apps.sparcc.org).

**Employee's Name:** \_\_\_\_\_

**Accumulated sick leave** \_\_\_\_\_ **days through** \_\_\_\_\_ **(date).**

I certify that all the information listed above is complete and accurate according to the personnel records on file with the district.

\_\_\_\_\_  
Name of Authorized Official (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Name