



**WAKULLA COUNTY SCHOOL BOARD
PERSONNEL OFFICE
EMPLOYEE REQUEST FOR LEAVE TRANSFER**

NAME: _____

SOCIAL SECURITY #: XXX-XX-_____

POSITION WITH WAKULLA COUNTY SCHOOL BOARD:

NON-INSTRUCTIONAL _____ **INSTRUCTIONAL** _____

TERMINATION DATE: _____

This is to request that you transfer the balance of my sick leave to the School Board/Agency as indicated below:

Signature

Date

Forward completed form to WCSB Payroll Department

**PHONE: 850-926-0065
FAX: 850-926-0002**