

Request to Transfer Sick Day Balances

Social Security Number: XXX-XX-_____

Legal Name: _____

Legal Name When Employed with Hoover City Schools (if different):

Last Hoover City School Worked: _____

Last School Year Worked with Hoover City Schools: _____

PLEASE TRANSFER MY REMAINING SICK DAY BALANCE TO:

New Board of Education: _____

ADDRESS: _____

Please sign and return the original Notarized form to:

Hoover City Schools

ATTN: Payroll

2810 Metropolitan Way

Hoover, AL 35243

Signature
Certification

Your Signature _____ Date _____

Sign Here →

State of _____, County of _____

*Please have your signature
acknowledged before a
Notary Public.*

On this _____ day of _____, 20_____, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public _____

Seal

My Commission Expires _____