



**Madison-Champaign
Educational Service Center**

We Work to Serve

Mary Mitchell, Superintendent
Matthew Ketcham, Treasurer

Sick Leave Transfer Form

Section One: Completed By Employee

Previous District: _____

Address of Employer: _____

City: _____ State: _____ Zip: _____

Employment Dates: _____

To Whom It May Concern:

Having accepted employment with the Madison Champaign ESC, I am requesting that my unused accumulated sick leave be transferred to them. Please complete Section Two of this form and return to them.

Printed Name: _____ Date: _____

Signature: _____

Section Two: Completed By Previous Employer

Name of Employer: _____

Employee Name _____

Days/Hours of Unused Sick Leave: _____

Official's Signature: _____ Title: _____

Date: _____

Upon completion, email or fax to:

Kristie Suchland, Payroll & Benefits Specialist

Email: kristie.suchland@mccesc.org

Fax: 937-652-2221



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