



EDUCATOR SICK LEAVE TRANSFER

TO: _____

DATE: _____

EDUCATOR: _____

OSDE #: _____ SSN: _____

The above-named individual has been hired by Piedmont Public Schools 09-122. Please complete the information below and return to our office as soon as possible.

Piedmont Public Schools

615 Edmond Rd N

Piedmont, OK 73078

Sick Leave Days Accumulated: _____

Superintendent of Designee

Subscribed and sworn before me this day _____ day of _____, 20____.

Notary of the Public

My commission expires _____

