

MADEIRA CITY SCHOOL DISTRICT
SICK LEAVE TRANSFER FORM

To Whom it May Concern:

I, _____ would like to request to have my sick leave balance
Print Name

accumulated through _____, _____ from _____ School District

transferred to:

Madeira City School District
Attn: Bobbi Wagner, Payroll and Benefits Coordinator
7465 Loannes Drive
Cincinnati, Ohio 45243

OR

FAX: 513-985-6072

Email: bwagner@madeiracityschools.org

Thank you.

Employee Signature

Date

Employee Phone

Employee email