

**IRONTON CITY SCHOOLS
SICK LEAVE
TRANSFER FORM**

I _____ in accordance with the provisions of the Collective Bargaining Agreement between Ironton City Schools and the Ironton Support Staff, do hereby transfer _____ day(s) of my accumulated sick leave to _____.

Furthermore, I have read the provisions contained in the provisions of the Collective Bargaining Agreement and fully understand the actions that I am taking, and without reservation want to transfer the above mentioned sick leave.

Employee Signature

Date

Superintendent Approval

Date