



If you want your sick days transferred to Baldwin County. Please complete this form and mail or fax to your **FORMER** school system. Days can only transfer within the State of Alabama.

## **REQUEST TO TRANSFER SICK LEAVE BALANCE**

**\*\*PLEASE PRINT\*\***

Date of Request \_\_\_\_\_

\_\_\_\_\_ Board of Education

ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last School Year Worked: \_\_\_\_\_

Last School Worked: \_\_\_\_\_

Please transfer my remaining Sick Leave balance to:

Baldwin County Board of Education  
Attn: Payroll Department  
2600 North Hand Ave  
Bay Minette, AL 36507  
Phone: 251-580-1880 Fax: 251-937-0318

Employee's Signature: \_\_\_\_\_

**\*\*SIGNATURE IS REQUIRED\*\***

Note: The balance transferred should include any sick bank days.