

Request to Transfer Sick Day Balances

ATTEN:	
BOARD OF EDUCATION ADDRESS:	
Telephone: Fax:	·····
PLEASE TRANSFER M	Y REMAINING SICK DAY BALANCE TO
HOOVER BOARD OF EDUC 2810 Metropolitan Way, Hoover, AL 35243	CATION
Telephone: 205/439-1000 Fax: 205/439-1002 Contact: Payroll Departn	nent
DATE OF REQUEST:	
EMPLOYEE NAME	(As seen on Social Security Card)
EMPLOYEE ADDRESS:	
EMPLOYEE SSN (required):	
Last School Worked:	
Last School Year Worked:	
EMPLOYEE SIGNATURE	