



## PORTLAND PUBLIC SCHOOLS

### Payroll Services Department

Mailing Address: P.O. Box 3107 • Portland, OR 97227

District Office: 501 N Dixon Street • Portland, OR 97227

Telephone: (503) 916-3302 • Fax: (503) 916-3698

[www.pps.net](http://www.pps.net)

Portland Public Schools is an equal opportunity educator and employer.

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## SICK LEAVE TRANSFER REQUEST FORM

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
(School or Education District Name)

FROM: \_\_\_\_\_  
(Please print - Employee Name) (Last 4 digits of SSN)

This form is for the purpose of reporting unused sick leave in balance for transfer \*. Please furnish the following information requested below and mail this completed/signed form directly to: **Portland Public Schools, Payroll Services Department, P.O. Box 3107 Portland, Oregon 97227.**

\_\_\_\_\_  
(Employee Signature)

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This is to certify that the person whose signature appears above was employed by this school or education district during the period indicated and had accumulated unused sick leave, as follows:

Employment Dates from \_\_\_\_\_ to \_\_\_\_\_

Total unused sick leave balance at time of termination: \_\_\_\_\_ hours.

# of hours transferred from any Oregon School or Education District: \_\_\_\_\_ hours.

# of hours transferred from any non-Oregon School District or other Employer: \_\_\_\_\_ hours.

\_\_\_\_\_  
(Signature of Person who completed form)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Please print - Name)

\_\_\_\_\_  
(Title)

*\*Please note: P.P.S. is only allowed to transfer unused sick balances earned at an Oregon School or Education District.*

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