



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

Portland Public Schools is an equal opportunity educator and employer.

SICK LEAVE TRANSFER REQUEST FORM

(must be completed by an official with your former employer)

DATE: _____

TO: _____

(Your Former Employer, 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)

*****THE SECTION BELOW MUST BE COMPLETED BY AN OFFICIAL OF YOUR FORMER EMPLOYER*****

This is to certify that the person (whose signature appears above) was employed by this school or education district during the period indicated below 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 an Oregon School or Education District: _____ hours.

of hours transferred from any non-Oregon School District or other Employer: _____ hours.

(Signature of Official who completed form)

(Date)

(Please print - Name)

(Official Title)

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