

Okeechobee County School Board
Application for Payment or Transfer of Unused Sick Leave

Name: _____
(Please Print Clearly)

Position: _____

Site: _____

Please Select One:

- Payment of _____ days (up to 5 days) of my accumulated sick leave, per union contract.

- Payment of unused sick leave at my termination date: _____ in accordance with school board policy.

- Payment of _____ days of annual leave upon entering the DROP Program.

- Transfer of unused sick leave to _____ County School District.

I authorize the Okeechobee County School Board to process the above payment or transfer of unused sick leave.

Signature: _____ Date: _____