

Okeechobee County School Board

**Application for Payment or Transfer of
Unused Sick Leave**

Name: _____

School or Center: _____

Mailing Address: _____

PLEASE CHECK (\checkmark) ONE:

- Payment of _____ days (up to 5) of my accumulated sick leave, per union contract.
- Payment of unused sick leave at my termination (Date: _____) in accordance with school board policy.
- Transfer of unused sick leave to _____ County School District.
- Payment of _____ days of annual leave upon entering the DROP Program.

Signature Date

Please return to Payroll Office when completed.