



Sick Leave Transfer Form

Employee must fill out the top portion and send the form to the former district:

Name of former Idaho School District: _____

Employee Name: _____

Name under which service was rendered, if different from above. _____

~~~~~

*Former Idaho School District must complete portion below:*

Idaho Falls School District 91 has hired a former employee identified above. Please complete the information below in order for us to transfer sick leave of the former employee identified above:

This transfer *is* allowed in accordance with Idaho State Law (Section 33-1217, Idaho Code) that allows employees who continuously work at another Idaho School District or another state educational agency during the school year immediately following the year of termination or within three (3) school years immediately following the year of termination if termination of employment is due to a reduction in force to transfer the accumulated leave. The transfer days shall be secured for, and credited to, the employee by the district or state educational agency thereafter employing such employee.

Please complete this form and fax to **208-525-7596**; or mail to Idaho Falls School District 91, 690 John Adams Parkway, Idaho Falls, ID 83401.

**Name of Former Employee (Print):** \_\_\_\_\_

**EDUID** \_\_\_\_\_

**Unused sick leave balance (In Days) for transfer** \_\_\_\_\_

**As of separation date** \_\_\_\_\_

**Please check box if separation is due to a reduction in force.**

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Title