

YSD employee: complete top portion of this form and send to your previous Alaska District.

**SICK LEAVE TRANSFER FROM PREVIOUS ALASKA DISTRICT
CERTIFIED**

EMPLOYEE SOCIAL SECURITY NUMBER _____

EMPLOYEE NAME (PRINT) _____

EMPLOYEE SIGNATURE _____

NAME OF FORMER SCHOOL DISTRICT _____

ADDRESS _____

CITY/STATE/ZIP _____

TO BE COMPLETED BY FORMER ALASKA SCHOOL DISTRICT:

DATE OF TERMINATION _____

NUMBER OF SICK DAYS TO BE TRANSFERRED _____

SIGNATURE

TITLE

To transfer sick leave from another Alaska district, service must be continuous and verification of sick days must be on file within 90 days of commencing work. (AS 14.14.107, 4 AAC 15.040, 4 AAC 15.900)

RETURN TO:

**HUMAN RESOURCES
YUPIIT SCHOOL DISTRICT
PO BOX 51190
AKIAKAK, AK 99551**