



## Request to Transfer Sick Day Balances

Attention:

\_\_\_\_\_   
Board of Education

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Please Transfer My Remaining Sick Day Balances To:

Henry County Board of Education  
Attn: Payroll Department  
P.O. Box 635  
Abbeville, AL 36310

Phone: 334-585-2206, ext. 1228

Fax: 334-585-2551

Email: [jennis@henryschoools.org](mailto:jennis@henryschoools.org)

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_

(as shown on Social Security Card)

Employee Address: \_\_\_\_\_

Employee SSN (last 4 digits):

\_\_\_\_\_  
XXX-XX-\_\_\_\_\_

Last School Worked: \_\_\_\_\_

Last School Year Worked: \_\_\_\_\_

Employee Signature: \_\_\_\_\_