



TRANSFER OF ACCRUED SICK LEAVE DAYS

1. Both, the employee who donates the sick leave day(s) and the employee who receives the day(s) must be members of the UTD Sick Leave Bank.
2. The employee who donates the sick leave day(s) must have a **minimum balance of 30 sick leave days remaining** (in his/her own sick leave account) after donating the sick leave day(s).
3. The employee who receives the donated sick leave days must have met the following criteria:
 - Exhausted his/her sick leave days.
 - Applied and received the benefits from the Sick Leave Bank.
 - Continue on medical confinement.

You can request a "UTD Transfer of Accrued Sick Leave Days" form from Maddie at UTD, **305-854-0220** or visit our website: www.utd.org - UTD News, Sick Leave Bank.

Note:

There is another way an employee can receive donated sick leave days from another employee:

A family member (only spouse, child, parent or sibling – refer to **M-DCPS Form # FM-6306** - can donate sick leave days to his/her family member, providing that both are employed by M-DCPS. If this is the case, they do not have to be members of the UTD Sick Leave Bank. Form #FM-6306 can be secured from the Payroll Department.

UTD SICK LEAVE BANK

Transfer of Accrued Sick Leave Day(s)

For Employee Transferring the Accrued Sick Leave Day(s):

Employee # _____ Work Location # _____
Employee Name _____ Payroll Code: A C H J
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____

Number of Accrued Sick Leave Day(s) to be transferred: _____

I hereby authorize the Miami-Dade County Public Schools (MDCPS) and the United Teachers of Dade (UTD) to transfer from my sick leave days the number of accrued sick leave days referenced above to the person named below in the allotments determined by the UTD Sick Leave Bank Staff Consultant. I understand that any day(s) donated to the person named below and not allocated to that person will become the property of the **UTD Critical Illness Sick Leave Bank (CISLB)** and be used for other critically ill employees meeting the requirements listed in Appendix G of the UTD/M-DCPS Contract. I acknowledge that I will have **thirty (30)** or more sick leave days remaining after my contribution. It is my understanding that the employee whom I have designated to receive the transferred day(s) has received days from the UTD Sick Leave Bank. Additionally, I certify that I am a UTD Sick Leave Bank Member.

Employee's Signature

Date

The Employee Receiving the Transfer of Accrued Sick Leave Day(s):

Employee # _____ Work Location # _____
Employee Name _____ Payroll Code: A C H J
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____

For UTD Critical Illness Sick Leave Bank Use Only

Secondary Recipient:

Employee # _____ Work Location # _____
Employee Name _____ Payroll Code: A C H J
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____

Number of Accrued Sick Leave Day(s) to be received: _____

For Office Use Only

UTD Staff Consultant:

Approved

Denied

UTD Sick Leave Bank Authorized Signature

Date

CISLB Transfer #