

MADEIRA CITY SCHOOL DISTRICT  
SICK LEAVE TRANSFER FORM

To Whom it May Concern:

I, \_\_\_\_\_ would like to request to have my sick leave balance  
Print Name

accumulated through \_\_\_\_\_, \_\_\_\_\_ from \_\_\_\_\_ School District

transferred to:

Madeira City School District  
Attn: Melody Gregory, Payroll and Benefits Coordinator  
7465 Loannes Drive  
Cincinnati, Ohio 45243

OR

FAX: 513-985-6072  
Email: [mgregory@madeiracityschools.org](mailto:mgregory@madeiracityschools.org)

Thank you.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Phone

\_\_\_\_\_  
Employee email