



The Independent School District of Boise City

8169 West Victory Road
Boise, ID 83709

(208) 854-4074
Fax (208) 854-4010

Sick Leave Transfer Form

Name of Former Idaho School District – Employer		
Address		
City	State	Zip

The Independent School District of Boise City has hired a former employee identified in box below. Please complete the information below in order for us to transfer sick leave of former employee identified below:

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 to transfer the accumulated leave up to a maximum of ninety (90) days. 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 **208-854-4010**; or mail to Independent School District of Boise City; 8169 W. Victory Road; Boise, Idaho 83709.

Name of Former Employee (Print)	Social Security Number
Unused sick leave balance (In Days) for transfer: No. _____ as of June 30, _____	

Signature of Certifying Official

Title

"Educating Today For a Better Tomorrow"

An Equal Opportunity Employer-Educator