

City of Klamath Falls

REQUEST TO TRANSFER SICK LEAVE BENEFITS

I hereby request and authorize my accrued sick leave hours be deducted in the

amount of _____, and be credited to _____
(number of hours) (name of employee)

in the _____ Department, for his/her use.

Per City Policy, I will retain at least 80 hours of sick leave for my own use after the above hours are deducted from my total accrued sick leave hours.

Employee Signature

Date

(NOTE: In order to be calculated for the current pay period, this form must be completed, reviewed, and signed by the Human Resource Director for submission to the Finance Department payroll clerk no later than 5:00 p.m. on the 19th day of the month.)

For Office Use Only

Current Balance	_____
Hours Subtracted	- _____
Hours Retained	= _____

Verified:

Human Resource Director

Date

Initial/Date
Original:
Copy:

Payroll Transaction Completed
(Initial, date & route to Human Resources
Employee file (donating time)
Employee file (receiving time)