

# CENTRAL ISLIP UNION FREE SCHOOL DISTRICT



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Post Office Box 9027  
Central Islip, New York 11722

## Transfer of Sick Days

Name of Transferring Teacher: \_\_\_\_\_

Building: \_\_\_\_\_

Number of days to transfer: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

1. Days may not be re-transferred.
2. Transferred days may not be exchanged for any monetary compensation.
3. The agreed upon conditions must be met for a teacher to qualify to receive transferred days.
4. **This form must be NOTARIZED.**

Transferring Teacher's Signature: \_\_\_\_\_