



PORTLAND PUBLIC SCHOOLS

501 North Dixon Street / Portland, Oregon 97227
Mailing Address: P.O. Box 3107 / Portland, Oregon 97208-3107
Telephone: (503) 916-3302 • FAX (503) 916-3698

PAYROLL

Date: _____

To: _____
(School District)

From: _____, _____
(Employee Name) (last 4 digits of SSN)

For the purpose of transferring sick leave, please furnish the following information and return directly to the Payroll Department, Portland Public Schools, 501 N. Dixon St., Portland OR 97227.

(Signature)

This is to certify that the person whose signature appears above was employed by this school district during the period indicated and had accumulated unused sick leave as follows:

Employment dates from _____ to _____

Unused sick leave balance at time of termination: _____ hours

Sick leave transferred from another Oregon employer: _____ hours

Sick leave transferred from another out-of-state employer: _____ hours

(Signature) Date: _____

(Title)