

**METROPOLITAN SCHOOL DISTRICT OF MT. VERNON**

TO: Extended Leave Committee  
FROM: \_\_\_\_\_  
DATE: \_\_\_\_\_

RE: Request for Approval to Transfer \_\_\_\_\_ (\_\_\_\_)  
Sick Leave Day (s) to Personal Business Day(s)

I have accumulated \_\_\_\_\_ days of Sick Leave. I have now exhausted (or will have exhausted as of \_\_\_\_\_) my Personal Business and Vacation days. I hereby apply for permission from the Extended Leave Committee to transfer \_\_\_\_\_ (\_\_\_\_) Sick Leave day(s) to Personal Business Day(s) for \_\_\_\_\_.  
(date(s) needed)

I am making this request based upon the following extraordinary circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, please use other side of this form.)

To: \_\_\_\_\_  
(Employee)  
From: Extended Leave Committee  
Date: \_\_\_\_\_

Regarding your request of \_\_\_\_\_, 20\_\_\_\_, the committee finds as follows:

- \_\_\_\_\_ 1. The applicant is granted permission to transfer \_\_\_\_\_ (\_\_\_\_) days from Sick Leave to Personal Business under the provisions of the employee's MSD of Mt. Vernon NEA Contract or employee benefit package.
- \_\_\_\_\_ 2. The applicant is not granted permission to transfer \_\_\_\_\_ (\_\_\_\_) days from Sick Leave to Personal Business under the provisions of the employee's MSD of Mt. Vernon NEA Contract or employee benefit package for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: Benefit Days Coordinator  
Administration Office  
From: Superintendent  
Re: Transfer of Sick Leave Day(s) to Personal Business Day(s)  
Date: \_\_\_\_\_

In accordance with the decision of the Extended Leave Committee, please transfer \_\_\_\_\_ (\_\_\_\_) Sick Leave Day(s) to Personal Business Day(s) for \_\_\_\_\_ employee for \_\_\_\_\_.  
(dates needed)