LEWISTON SCHOOL DEPARTMENT

Teacher Sick Leave Transfer From Another District

TO: **Superintendent**

FROM: _____
(please print your name legibly)

DATE: _____

According to MRSA, Title 20-A Chapter 507 § 13601, I am entitled to transfer up to 20 days of unused sick leave from _____ to the Lewiston School Department. I certify that I taught _____ years in the _____ and accumulated _____ days of unused sick leave there. I further certify that I have achieved continuing contract status and that I have had no break in service as a public school teacher in the State of Maine.

(previous school system)

(previous school system)

To verify my accumulated sick leave please contact:

_____ Superintendent of Schools

_____ School System

_____ Address

_____ City, State, Zip

Sincerely,

_____
(Teacher's Signature)