

LEWISTON SCHOOL DEPARTMENT

**Teacher Sick Leave Transfer From Another District**

**TO:**        **Superintendent**

**FROM:**     \_\_\_\_\_  
                  (bplease 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.

To verify my accumulated sick leave please contact:

\_\_\_\_\_ Superintendent of Schools  
\_\_\_\_\_ School System  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip

Sincerely,

\_\_\_\_\_  
(Teacher's Signature)