



REGIONAL  
OFFICE OF EDUCATION  
*Champion our community.*

John Meixner, Regional Superintendent of Schools  
Fulton • Hancock • McDonough • Schuyler

## Request to Transfer Sick/Personal Days

I hereby voluntarily give up a portion of my accumulated sick/personal leave days to be transferred to a fellow Regional Office of Education #26 employee.

Name of ROE26 employee transferring days: (Please Print) \_\_\_\_\_

Amount of days to be transferred: \_\_\_\_\_

\*\*Days to be transferred cannot exceed the number currently earned.\*\*

Name of ROE26 Employee for days to be transferred to: (Please Print) \_\_\_\_\_

Please return this form to **Deb Wright** at:

Canton Business Office

735 E Locust Street

Canton, IL 61520

Or via e-mail at: [dwright@roe26.net](mailto:dwright@roe26.net)

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

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

Approved: \_\_\_\_\_

Regional Superintendent of Schools

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