



**EMPLOYEE SICK LEAVE AND
PROFESSIONAL DEVELOPMENT POINTS TRANSFER**

TO: _____

DATE: _____

THIS IS TO CERTIFY _____

LEFT THE EMPLOYMENT OF _____

ON _____ AND HAD _____ DAYS OF SICK LEAVE.

**Note: OKCPS only accepts 60 days of sick leave. Any additional days must be
banked with Oklahoma Teacher Retirement by your district.**

PROFESSIONAL DEVELOPMENT POINTS ACCUMULATED:

(SIGNATURE)

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____

20_____. MY COMMISSION EXPIRES _____.

SEAL

NOTARY PUBLIC _____

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