



**CITY OF PROVIDENCE
DEPARTMENT OF PERSONNEL**

SICK LEAVE TRANSFER AGREEMENT

I, _____, _____, agree to
donate _____ days of my sick/vacation leave to _____

I understand that the transfer of sick/vacation days from me to
_____ will result in a deduction of
_____ sick/vacation days from my accumulated sick/vacation days and will
appear as a deduction on my records.

I understand that I will not be reimbursed for the sick/vacation days that I am
donating to _____ nor will these days be restored
to me by either _____ or by the City of
Providence.

I hereby give the Personnel and Payroll Departments of the City of Providence the
authority to deduct these days from my accumulated sick/vacation days.

Signature

Date