



NEW EMPLOYEE SICK LEAVE TRANSFER IN REQUEST

Name of Employee: _____ Date: _____

Date of Birth: _____ Last 4 Digits of SSN: _____

Upon employment in a leave eligible position with Leon County Schools (LCS), employees may transfer unused sick leave under the following conditions:

- LCS has a reciprocal agreement to **transfer and receive** unused sick leave with the transferring agency.
- The unused sick leave must have been accrued while employed by the transferring agency.
- Payment has not been received for the sick leave being transferred.
- The **ORIGINAL** written request must be received by LCS Time & Attendance within 120 calendar days of initial employment with LCS or within 120 days of such sick leave becoming available for transfer.

TO BE COMPLETED BY TRANSFERRING AGENCY

Instructional Non-Instructional Total # of **HOURS** to be Transferred: _____

Name of Transferring Agency: _____

Address (Agency): _____

Authorized Signature: _____ Date: _____

Title: _____ Phone Number: _____

Notary:

State of Florida, _____ County. Sworn to and subscribed before me this _____ day of

_____, 20____, by _____.

Personally known _____ or produced _____ identification.

Authorized Signature of Notary Public – State of Florida

LCS TIME & ATTENDANCE OFFICE USE ONLY

Processed By: _____ Date: _____

Cost Center: _____ Hours Transferred: _____