



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 Benefits 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, Leon 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 BENEFITS OFFICE USE ONLY

Processed By: _____ Date: _____

Cost Center: _____ Hours Transferred: _____