



# REQUEST TO TRANSFER UNUSED SICK LEAVE FROM FAIRFAX COUNTY PUBLIC SCHOOLS

To Human Resources or Payroll Manager:

The employee listed below was previously employed by Fairfax County Public Schools (FCPS) and has notified us that he or she is currently employed by your school division. Employees previously employed with FCPS may transfer any or all accumulated sick leave to their new school division.

### To Be Completed By Employee:

If you are a vested member of the ERFC "Old" plan or FCERS, you have until your termination/retirement date to complete this form and return it to Payroll Management to have any portion of your sick leave balance transferred to the Fairfax County government or another school division. Your sick leave balance, as of your termination date less any transferred amount, will be converted to retirement credit with FCPS and cannot be later transferred.

All other employees have up to one year from termination/retirement date to complete this form and return it to Payroll Management to have any portion of their sick leave balance transferred to the Fairfax County government or another school division.

Last Four Digits of Social Security Number |||-||||| Employee Number ||||||||

Employee Name (Please Print) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Transfer (check one)  Entire Balance  Partial Balance \_\_\_\_\_ Hours

### New School Division Information

School Division Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please return this form to the address below. Do NOT send directly to your new employer. FCPS will do that for you after we have completed the information below.**

**Fairfax County Public Schools  
Office of Payroll Management  
8115 Gatehouse Rd., Suite 2200  
Falls Church, VA 22042**

### To Be Completed By Fairfax County Public Schools:

Hours To Be Transferred \_\_\_\_\_

Employee's Termination or Retirement Date \_\_\_\_\_

School Division Representative (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Contact Number \_\_\_\_\_