



REQUEST TO TRANSFER UNUSED SICK LEAVE TO FAIRFAX COUNTY PUBLIC SCHOOLS

To Human Resources / Payroll Manager:

The employee listed below is currently employed by Fairfax County Public Schools (FCPS) and has notified us that he/she was previously employed by your school division. Employees with experience in another Virginia public school division may transfer up to sixty (60) days of accumulated sick leave from their former Virginia school division within one year of their departure, as certified by the previous school division. In order to properly credit the leave record for this employee, please provide the accumulated sick leave hours that are transferable under these provisions.

To Be Completed By Employee

Employee SSN - Employee Number

Employee Name (Please Print) _____

Employee Signature _____ Date _____

Previous School Division Information

School Division Name _____

Street Address _____

City _____

State VA Zip Code _____

*****Please forward this form to your previous Virginia school division for completion.*****

To Be Completed By Virginia School Division Representative

Hours To Be Transferred _____

Employee's Termination/Retirement Date _____

School Division Representative (Please Print) _____

Signature _____ Date _____

Title _____ Contact Number () _____

Please return this form to: Fairfax County Public Schools
Office of Payroll Management
8115 Gatehouse Rd., Suite 2200
Falls Church, VA 22042

If you have any questions regarding this form, please contact _____ with
Fairfax County Public Schools at () _____

Thank you.