



New Hanover County Schools
Engaging Students, Achieving Excellence

TRANSFER OF N.C. STATE SERVICE AND LEAVE BALANCES

Employee Instructions: Complete Section I and send to each of your previous employer(s) for transfer of North Carolina state service, leave balances, and step credit consideration. Failure to provide this information could result in loss of longevity payment and inaccurate leave accrual rates. It is the employee's responsibility to verify information is received by New Hanover County Schools.

Section I: To be completed by New Hanover County Schools Employee

Employee Name: _____ SSN: _____

Employee Signature: _____ Date: _____

Position Title with NHCS: _____

Section II: To be completed by each prior N.C. State Employer

Dates of employment with your organization:

From _____ To _____ Permanent Substitute /Interim

Position title: _____ Full-time Part-time Hours per week: _____

Retirement number: _____ Has retirement been withdrawn? Yes No

Accumulated Leave Balance Information:

Sick Leave _____ days or _____ hours Personal Leave _____ days or _____ hours

Annual Leave _____ days or _____ hours Bonus Leave _____ days or _____ hours

Was employee paid for accumulated Annual Vacation Leave? Yes No

Dates of all leave without pay: From _____ To _____ and From _____ To _____

Total years and months of eligible state service with your organization: _____ Years and _____ Months

Longevity check issued when employee left your organization? Yes No

If yes, period of time paid longevity: From _____ To _____ **Attach State Service Longevity Form.**

Certification Information:

Was employee initially certified: Yes No If yes, please complete the following:

Did not participate in BTP Completed 1 year in BTP

Completed 2 years in BTP BTP Completed Official CEU Report Attached

Section III: Contact Information

Completed by: _____ Title: _____

School System/State Agency Name: _____

Authorized Signature: _____ Phone: _____

(Your signature indicates the information provided regarding the above named employee is accurate.)

RETURN BY FAX (910) 254-4471 or EMAIL

patti.easingwood@nhcs.net (Non-Teaching Positions) or shelia.washington@nhcs.net (Certified Positions)

Date submitted to New Hanover County Schools: _____