



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Retirement number: \_\_\_\_\_ Has retirement been withdrawn?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**

[billyjo.winslett@nhcs.net](mailto:billyjo.winslett@nhcs.net) (Non-Teaching Positions) or [shelia.washington@nhcs.net](mailto:shelia.washington@nhcs.net) (Certified Positions)

Date submitted to New Hanover County Schools: \_\_\_\_\_