



SICK LEAVE TERMINATION OPTIONS

Full Name: _____

Employee ID #: _____ School/Location: _____

This form must be completed and returned to the Payroll Office (1340 Braddock Place, Suite 530, Alexandria, VA, 22314) upon termination. Only one option may be selected. FAILURE TO SELECT ONE OF THE BELOW OPTIONS WILL RESULT IN FORFEITURE OF SICK LEAVE.

Three (3) or More Years of Service at Termination

- I have 3 or more consecutive years of service and I choose to be paid for the unused sick leave and delete it from my record. I understand that the leave payout rate varies depending on the termination status (resignation or retirement). For more details on leave payout rates, contact HRBenefits@acps.k12.va.us.
- I have 3 or more consecutive years of service and I choose to have sick leave transferred to my new employer. I understand that this transfer must be approved by my new employer. Note the amount of sick leave that may be transferred is limited by state regulations to a maximum of 90 days and if it is not transferred to another Virginia School District within 36 months from your date of termination, it will be forfeited.

New Employer: _____

Address: _____

Less Than 3 Years of Service at Termination

- I have less than 3 consecutive years of service and I choose to have my sick leave transferred to my new employer. I understand that this transfer must be approved by my new employer. Note the amount of sick leave that may be transferred is limited by state regulations to a maximum of 90 days and if it is not transferred to another Virginia School District within 36 months from your date of termination, it will be forfeited.

New Employer: _____

Address: _____

Name (Please print)

Resignation Date

Signature

Date