



## SICK LEAVE TRANSFER REQUEST FORM

### SECTION I: To be Completed by Employee

If you are transferring from another school division in Virginia, you may request up to 90 days of sick leave to be transferred to ACPS. This form must be completed and returned to the Payroll Office (1340 Braddock Place, Suite 530, Alexandria, VA, 22314). For questions, contact Payroll by phone at 703/619-8042, fax at 703/619-8982, or email at payroll@acps.k12.va.us.

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
SSN

I wish to transfer my unused sick leave from \_\_\_\_\_ to Alexandria  
City Public Schools.  
Name of Virginia School Division

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

### SECTION II: To be Completed By Prior Employer

The above individual was employed with \_\_\_\_\_  
Name of Virginia School Division  
from \_\_\_\_\_ to \_\_\_\_\_. The employee is eligible to transfer the following  
mm/yyyy mm/yyyy  
leave balance(s) to a new employer.

Number of Days \_\_\_\_\_ or Number of Hours \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date