



STAFFORD COUNTY PUBLIC SCHOOLS TRANSFER FROM SCPS

Payroll and Benefits Department

31 Stafford Avenue
Stafford VA 22554

Phone: (540) 658-6000 Fax: (540) 658-6600

Name of Employee: _____ SSN (Last four digits) _____

Employee's Signature: _____

School Division Receiving Transfer

Of Days Requesting to Transfer

Please send to payrollandbenefits@staffordschools.net for completion

To be filled out by the Payroll & Benefits Department

The person named above is a former employee of Stafford County Public Schools, and has requested to transfer accrued sick leave to your division. This hereby confirms that the above named employee had

_____ Days **OR** _____ Hours of sick leave remaining upon separation of employment as of _____.

If your district does not accept the above amount in full, please notify us so that the un-transferred amount will be restored to the employee's records.

Verified By

Title