



# Arlington Public Schools

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## REQUEST TO TRANSFER UNUSED SICK LEAVE FROM ARLINGTON COUNTY PUBLIC SCHOOLS TO OTHER DISTRICT

School Division Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Attention Human Resources/Payroll

The individual listed below was previously employed by our School District and has requested to transfer his/her unused sick leave to your district.

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Employee Name: \_\_\_\_\_

Employee Last 4 digits of SS#: \_\_\_\_\_ Signature \_\_\_\_\_

Employee's Termination/Retirement: \_\_\_\_\_

Sick Leave hours available \_\_\_\_\_

School Division Representative Authorizing Transfer: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

According to the provisions of the State Sick Leave Plan of Virginia, employees may transfer up to NINETY (90) days of accumulated sick leave to another Virginia school division within one year of their departure.