

Payroll Department, 484 Mulberry Street Suite 310 • Macon, Georgia 31201 • (478) 765-8529 • Fax (478) 765-8569

## EMPLOYEE SICK LEAVE TRANSFER FORM

SOCIAL SECURITY NUMBER

DATE OF BIRTH

Former Employer – please complete this form and submit it directly to the Payroll Department via mail or fax.

Former Employer: Please Complete This Section

EMPLOYEE'S NAME

ADDRESS		CITY	STATE	ZIP
This is to certify that the following is an accura	te record of unused accumulate	ted sick leave accrued aft	er July 1, 1978 and cre	edited to the former
employee named above in accordance with S.B	5. 533 (1978).			
As of, 20	, days of t	unused sick leave are her	ewith transferred for in	nclusion in the permanent
personnel record of the above named employee	. Final paycheck will be paid	on	·	
I certify that the above listed information is conthis sick leave verification.	nplete and correct according to	o the official records on t	file in the school system	m or institution providing
Signature of Authorized Official	Title		Date	<del>;</del>
Street Address	City	State Zip Code	Phor	ne Number

PLEASE AFFIX OFFICIAL SEAL OR STAMP HERE: