

Lancaster County Public Schools

"Learning Today, Leading Tomorrow"

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 LCPS. This form must be completed and returned to the Payroll Office. For questions, contact Debbie Pulliam at 804-462-5100 ext 1005 or dpulliam@lcs.k12.va.us

Last Name

First Name

SSN

I wish to transfer my unused sick leave from _____ to
Lancaster County 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 leave
mm/yyyy mm/yyyy
balance(s) to a new employer.

Number of Days _____

Signature

Title

Date