

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 accumulat	ted sick leave accrued aft	er July 1, 1978 and cre	edited to the former
employee named above in accordance with S.B	. 533 (1978).			
As of, 20	,days of ı	unused sick leave are here	ewith transferred for in	clusion in the permanent
personnel record of the above named employee	. Final paycheck will be paid	on	·	
I certify that the above listed information is con this sick leave verification.	nplete and correct according to	o the official records on f	ile in the school systen	n 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: