

HOUSTON COUNTY SCHOOL DISTRICT

The individual whose name appears below has been employed by the above-named school district. The employee states they have Sick Leave eligible for transfer.

To Be Completed By Employee:

First Name

Middle Name

Last Name

Name when employed (if different from above)

Social Security Number

Dates of Employment

School or Department

Position

I hereby authorize you to release all information for Verification of Employment to the Houston County School District

Employee Signature

Date

To Be Completed By Previous Employer:

**Accumulated Sick Leave eligible for transfer _____ Days.
(Cannot be greater than the 45-Day maximum allowed)**

I certify that the verification of Sick Leave eligible for transfer listed above is accurate according to the official records on file in this school system.

Name of System/Institution _____ Contact Phone Number _____

Mailing address _____ City _____ State _____ Zip Code _____

Signature of Supt. or Authorized Official _____ Date _____

THE HOUSTON COUNTY SCHOOL DISTRICT WILL ACCEPT THIS INFORMATION ONLY WHEN MAILED OR FAXED DIRECTLY FROM PREVIOUS EMPLOYER TO:

**HOUSTON COUNTY SCHOOL DISTRICT
ATTN: PAYROLL DEPARTMENT
P.O. BOX 1850
PERRY, GA 31069-1850**

**PHONE: (478) 988-6200
FAX: (478) 988-6106**

IT IS THE EMPLOYEE'S RESPONSIBILITY TO ENSURE THAT THIS SICK LEAVE TRANSFER REQUEST IS RECEIVED BY THE HOUSTON COUNTY SCHOOL DISTRICT.