

Sussex County Public Schools

TRANSFER OF SICK LEAVE TO SUSSEX COUNTY PUBLIC SCHOOLS

(to be given to your former employer to complete)

This is to certify that _____
Name

SSN ____ - ____ - _____, had _____ (hours) of accumulated sick leave as of his/her

termination from _____.
School Division/Institution

Signature

Title

Date

Please complete and return to:

Sussex County Public Schools
Department of Human Resources
21302 Sussex Dr.
Stony Creek, VA 23882

Fax (434)-246-8214



21302 Sussex Drive • Post Office Box 1368 • Stony Creek, Virginia 23882
Telephone (434) 246-1099 • Fax (434) 246-8214

Sussex County Public Schools

TRANSFER OF SICK LEAVE TO SUSSEX COUNTY PUBLIC SCHOOLS

I am employed by Sussex County Public Schools, and I must provide documentation for accumulated leave. Please complete the attached form within five (5) days and return to the Department of Human Resources for Sussex County Public Schools. Thank you!

Employee (Print) _____

Employee (Signature) _____

Date _____



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