

Anne Arundel County Public Schools | Division of Human Resources

Request to Transfer Unused Sick Leave

According to COMAR 13A.07.03.02, Maryland public school systems may accept for transfer up to 100 days of unused accumulated sick leave from any former employer that is a public school system in Maryland.

We have recently employed an individual who was formerly employed by your school system and who has authorized you (See Part I, below) to provide the information requested in Part II, below.

Please complete Part II of this form verifying your former employee's accumulated unused sick leave balance upon termination and return this form to:

Payroll Manager Anne Arundel County Public Schools 2664 Riva Road Annapolis, MD 21401

If you have any questions, please call 410-222-5215. Thank You

Part I – To be	Completed by	Employee – Cor	mplete Part	I, send directly to for	mer employer
Name:				Former Name, if applicable	
Please Print La	ıst	First	MI		
SSN:		F	ormer Emplo	yer:	
Dates of Employ	ment: from	/	to	/	<u> </u>
Last Position Held	d				
Signature:					
By Signi	ing I authorize m	ny former employer t	co complete an	d return this form to the ad	ldress listed above.
Part II – To be	Completed b	y Former Employ	yer		
Employed by Last Duty Day:					
Balance of UNUSED sick leave Accumulated during Employment (TOTAL HOURS)		Balance of UNUSED Sick leave <u>transferred from</u> <u>another Maryland school</u> <u>system (TOTAL HOURS)</u>		Total HOURS of UNUSED sick leave PAID OUT at time of separation	Total HOURS of unused sick leave available for transfer.
		(+)		(-)	(=)
Signature		Title		E-mail	Date
Address City, State, Zip					
Part III – To be	e Completed	by AACPS Payrol	ll Denartme	nt	
10.01.1	, compression	<i>5,711.6. 6 : 4,16.</i>	Боран инс		
Total # HOURS	Current Daily	Total # DAYS Entered by		: Audite	ed by:
transferred	Hours	transferred	Date:	Date:	
	(/)	(=)	Date Submitted to ERFR: Initials:		