



## Sick Leave Transfer Request

### Directions to the Employee

Complete Section I. Provide this form to your previous employer for completion of Section II.

### Directions to the Employer

Complete Section II. Please return the completed form to the applicant for submission to the Norfolk Public Schools Department of Human Resources. Alternately, you may fax the completed form to (757) 628-3983.

### Section I – To be completed by the employee.

Last Name	First Name	Middle Name
Job Title		
Social Security Number	Address	

**Section II – To be completed by the employer.** Note: Up to 100 days of sick leave may be transferred to Norfolk Public Schools.

Total Hours of Transferrable Sick Leave

**By my signature, I verify that the above-named individual is eligible to transfer the accrued, unused leave above.**

_____ Signature of Human Resources Official	_____ Title	_____ Date
_____ School Division or School	_____ Address	
_____ Telephone Number	_____ E-Mail Address	