



**Flagler County Schools
Human Resource Department
1769 East Moody Blvd
Bunnell, Florida 32110
(386) 586-2391
Fax (386) 586-2396**

Transfer of Accumulative Sick Leave

EMPLOYEE NAME: _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____

BEGINNING DATE OF EMPLOYMENT: _____

TERMINATION DATE: _____

UNUSED BALANCE OF SICK LEAVE AT TERMINATION PLEASE INDICATE TIME IN

FROM: _____ COUNTY: _____ hours

**BALANCE OF SICK LEAVE NOT
TRANSFERRED IN FROM OTHER COUNTIES: _____**

**Receiving Personnel Administrator or Designee
Harriett S. Holiday, Director of Human Resources**

Date

**Transferring Human Resource Director or Designee
Harriett S. Holiday, Director of Human Resources**

Date