



TRANSFER OF SICK LEAVE TO ANOTHER AGENCY REQUEST

Full Legal Name (First MI Last): _____

Last 4 of SSN: _____ **Employee ID (EMPLID):** _____

By Florida Statute, a full-time employee who has an earned sick leave balance at any public educational institution in the state of Florida (public school system, community college, university system), Florida Department of Education, or State agency may transfer previously accumulated sick leave from Florida State College at Jacksonville (see APM 03-1005) to another accepting party.

_____ I request a transfer of my Sick Leave accrued while I was employed at FSCJ to the below listed qualified agency (described above):

Name of Agency/Institution:

Contact Person: _____

Address: _____

Dates of **FULL-TIME** employment at FSCJ: **From:** ____/____/____ **To:** ____/____/____

Number of confirmed hours to transfer: _____

Approved by HR Dir of Benefits & HRIS

Date

For questions, please contact benefits@fscj.edu.