



Floyd County Public Schools

140 Harris Hart Road NE, Floyd, VA 24091
Phone: (540) 745-9400 Fax: (540) 745-9496
www.floyd.k12.va.us

**REQUEST TO TRANSFER UNUSED SICK LEAVE
FROM FLOYD COUNTY PUBLIC SCHOOLS (FCPS) TO ANOTHER DISTRICT**
(Return completed form to FCPS' Human Resources Department)

Employee _____ SSN XXX-XX-_____
Address _____
City/State/Zip _____
Phone _____ Email _____
Position _____ Resignation Date _____

Upon termination of employment from Floyd County Public Schools (FCPS), I request to transfer unused sick leave to another public school division or other Virginia Retirement System (VRS) employer as noted below.

New School Division or other VRS-Employer:

Name _____
Address _____
City/State/Zip _____
Phone _____ FAX _____

Employee Signature _____ Date _____

TO BE COMPLETED BY FLOYD COUNTY PUBLIC SCHOOLS (FCPS) – OFFICE USE ONLY

The individual listed above was previously employed by Floyd County Public Schools and has requested to transfer unused sick leave to your district.

Employee's Termination Date _____ EE ID# _____

Sick Leave Days Balance _____

Transfer Authorized By:

Name Title

Signature Date

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