

POLK STATE COLLEGE

999 Avenue H, NE
Winter Haven, FL 33881-4299

Sick Leave Transfer Statement

Employee's Name: _____

Social Security Number: _____

I have been briefed about the sick leave provisions as they pertain to full-time employees at Polk State College.

- I have no sick leave balances that are transferable.
- I have sick leave balances that are transferable. Please request the number of sick leave days that I had with my former employer. I also understand that no more than 1/2 of my sick leave balance can be transferred and that transferred sick leave will only be for my use and will not be included in any sick leave payout.

Former Employer: _____

Address: _____

Telephone Number: _____

Employee Signature

Date

(For Human Resources Office Use Only)

Employer Representative Contacted: _____

Date of Contact _____ By Phone _____ By Mail _____