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10035 Courthouse Road
Charles City, Virginia 23030

David W. Gaston, Ed.D.
Superintendent

Phone: (804) 652-4612
Fax: (804) 829-2363
www.ccps.net

Sick Leave Transfer Request

If you were previously employed by an accredited school system and have sick leave remaining with your previous employer, Charles City Public Schools will accept a transfer of up to 180 days from another Virginia public school division.

Please fill in the following information and return this form to the Department of Human Resources as soon as possible so that a transfer of your sick leave can be initiated as close to your contract start date as possible.

Employee Name: _____

Last 4 digits of Social Security # _____

Name of Previous Employer (School District) _____

Street Address _____

City, State, Zip _____

Position held with previous employer: _____

I request a transfer of my sick leave (up to 90 days) from my previous employer, as listed above.

Employee Signature _____

Date _____