



This information will be used to determine experience credit for salary purposes. Your assistance in establishing an accurate service record for this employee is appreciated.

Organization Name: _____
 Address: _____
 City, State and ZIP: _____

				From

: As of _____ (Date) _____ days of unused accumulated sick leave (maximum of 45 days) are herewith transferred, in accordance with O.C.G.A. 20-2-850, for inclusion in the permanent personnel record of the above-named employee. Sick leave can only be accepted if the transfer occurs within one year of the employee leaving a GA public school system.

I certify that all information listed above is complete and correct according to the official records of the school system or institution providing this verification of experience.

Signature of Authorized Official

Printed Name of Authorized Official

Date