

TRANSFER OF ACCUMULATED UNUSED SICK LEAVE

A sick leave transfer procedure is hereby established by which Fluvanna County School Division personnel may transfer unused sick leave days to other personnel within the division.

The regulations governing the program are as follows:

1. The transfer must be voluntary.
2. The transferring employee and the receiving employee must be of equal contractual status. Exception: a non-classified employee can transfer days to a classified staff member if all other covenants are met.
3. The receiving employee must be eligible for sick leave benefits as provided for in Policy GCBDB.
4. The receiving employee must have exhausted all of his or her earned sick leave and any other paid leave the employee may have earned at the time the transfer is requested.
5. The receiving employee may use the transferred leave for their own personal illness or injury and for the illness or injury of an immediate family member identified in Policy GCBDB.
6. The transferring employee relinquishes all rights to the sick leave transferred, including payment for such transferred days upon termination of employment.
7. The employee requesting to transfer sick leave out of their accumulated balance may not be left with a balance of less than five (5) days after the transfer is completed.
8. Only whole days may be transferred.
9. Requests to transfer sick leave shall be made using the form contained in this Regulation and approval shall be by the division Superintendent.
10. Approved requests shall be forwarded to Payroll.

Issued: March 13, 1996
Amended: March 12, 1997
Amended: February 7, 2011
Amended: February 21, 2012

Request to Transfer Sick Leave Form

Transferring employee Name:

_____ (please print)

School or Division Department (example Transportation):

_____ (please print)

I authorize the transfer of my sick leave in the amount of _____ days to the sick leave account of:

Name: _____ (please print)

School or Division Department (example Transportation):

_____ (please print)

In accordance with the Transfer of Sick Leave regulation GCBDA – R, I understand that I relinquish all rights to the sick leave transferred and that I cannot recover this sick leave at a later date.

Signature

Date