Transfer of Cumulative Sick Leave

Employee Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

TO WHOM IT MAY CONCERN

COMAR 13A.07.03.02 allows professional employees to transfer cumulative sick leave up to 100 days without change to any public school system in Maryland. MCPS Regulation GID-RA states that sick leave is accepted for transfer when the employee comes from another Maryland public school system. An accumulated sick leave balance of up to 100 days (800 hours) may be transferred. We have recently employed an individual whose former employment was with your school system. Please complete the form below verifying the employee's cumulative sick leave balance and return to:

Employee and Retiree Service Center
Montgomery County Public Schools
45 West Gude Drive, Suite 1200
Rockville, Maryland 20850

IMPORTANT: Upon separation from MCPS employment, MCPS does not pay out leave transferred from another employer. If you are a former MCPS employee who is returning to MCPS, any sick leave hours previously paid out will not be credited back. For example, if you were paid out 100 hours of sick leave at the time of employment and you are bringing 150 hours back from your current school district, MCPS will credit 50 hours of leave.

PART I: TO BE COMPLETED BY EMPLOYEE—Complete Part I, and mail to former employer.

Last Name _____ First Name_____Middle Name_____

Former Public School System Employee ID Number _____

Dates of Employment: from ____/____/_____ to ____/____/_____

Position(s) Held_____

Employee Signature _____ Date____/____/_____

PART II: TO BE COMPLETED BY FORMER EMPLOYER—Complete Part II, and mail to MCPS Employee and Retiree Service Center above.

Name of Employee_____

Was Employed by *(Education Agency)* _____ and Terminated on *(Last Duty Day)* ____/____/_____

Had a cumulative total of _____ hours of unused sick leave at the time of termination.

AFFIX OFFICIAL SEAL

Was any of the employee's accumulated sick leave paid by your county at termination of service? ❑ Yes ❑ No

If Yes, how many hours?_____ At what rate? $ _____

Signature, Former Employer_____

Position_____

Date____/____/_____

PART III: TO BE COMPLETED BY MCPS EMPLOYEE AND RETIREE SERVICE CENTER

MCPS Employee ID Number _____

Job Code _____ Location_____Date Employed____/____/_____

Hours to be Transferred _____

Approved by:

Printed Name _____Signature _____ Date____/____/_____