



**Prince William County Public Schools Benefits and Compensation Department**

P. O. Box 389  
Manassas, Virginia 20108  
Phone 703-791-8568  
Fax 703-791-8906

\_\_\_\_\_  
Name of Employee (Please Print)

\_\_\_\_\_  
Social Security Number (Last four digits)

\_\_\_\_\_  
Employee's Signature

This person whose name appears at the top of this page is employed by Prince William County Public Schools and has notified us that he/she was previously employed by you.

Employees with experience in another accredited school division may transfer up to 60 days of accumulated sick leave from their former division as certified by the previous administration.

In order that we may properly enter the employee's leave information, we would appreciate receiving the information requested below.

Total sick leave **hours** to be transferred: \_\_\_\_\_

\_\_\_\_\_  
School Division or Prince William County Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

The above information furnished by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Please forward to: Prince William County Public Schools  
Benefits & Compensation Department  
PO Box 389  
Manassas, VA 20108  
ATTN: Time & Leave Office