

**North Georgia RESA
Record of Transferable Sick and Personal Leave**

I, _____ (_____), authorize
Employee Social Security #

_____ to certify that the following is a true and
Local Board of Education/RESA
accurate record of unused accumulated sick and personal leave credited to me.

Employee Signature Date

_____/_____
Name of Employee Social Security # terminated on

date of termination

Leave earned in accordance to O.C.G.A. 20-2-850 not used or paid is eligible for transfer as listed below.

_____ has _____ hours/days
Name amount

of unused sick leave and _____ hours/days of unused personal leave at
amount
termination.

This leave transfer is in accordance with O.C.G.A. 20-2-850 (b) (1) and is here within transferable to the State of Georgia Department of Education for inclusion in the employee's permanent personnel record.

Date Authorized Signature

School System

Return to:
Alice Ellis
North Georgia RESA
4731 Old Highway 5 South
Ellijay, GA 30540

Note: Form must be completed within six months of employment.