

MONTGOMERY COUNTY PUBLIC SCHOOLS

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. This transferred leave will be deducted from the employee's sick leave balance before the balance is paid out. This is true whether or not the employee used the transferred hours during their MCPS employment. 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.



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 ___/___/___