



STATE OF ARKANSAS
**Department of Finance
 and Administration**

**OFFICE OF ADMINISTRATIVE SERVICES
 Human Resources**
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MEMORANDUM

TO: Human Resources, Office of Administrative Services

FROM:

SUBJECT: Leave Balances for Transferring Employees

DATE:



 Employee's Name Personnel No.

Transferred internally _____
 RECEIVING OFFICE

Transferred to another state agency _____
 RECEIVING STATE AGENCY

DFA Human Resources has verified the information below and the following are the leave balances as of the last day of employment.

Effective Date of Transfer: _____
 (Close of day)

Annual Leave Balance: _____

Sick Leave Balance: _____

Holiday Leave Balance: _____

Birthday Leave Balance: _____

Straight Compensatory Leave Balance: _____
 (Applicable only if internal transfer)

Time & Half-Compensatory Leave Balance: _____
 (Applicable only if internal transfer)

Paid Sick Leave hours used
 Under FMLA: _____

 Timekeeper Name Telephone No.