MEMORANDUM

TO: Human Resources, Office of Administrative Services

FROM:

SUBJECT: Leave Balances for Transferring Employees

DATE: __________________________________________________________________________

_________________________________________          ______________________
Employee’s Name            Personnel No.

☐ Transferred internally

☐ Transferred to another state agency

RECEIVING OFFICE

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.

Revised 09-18-03