

HOUSTON COUNTY BOARD OF EDUCATION

The individual whose name appears below has been employed by the above-named school system.
The employee states they have Sick Leave eligible for transfer.

To Be Completed By Employee:

First Name	Middle Name	Last Name
Name when employed (if different from above)		Social Security Number
Dates of Employment	School or Department	
Position		

I hereby authorize you to release all information requested for Verification of Employment to the Houston County School System.

Employee Signature	Date
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To Be Completed By Previous Employer:

Accumulated Sick Leave eligible for transfer _____ Days.
(Can not be greater than the 45-Day maximum allowed)

I certify that the verification of Sick Leave eligible for transfer listed above is accurate according to the official records on file in this school system.

Name of System/Institution _____ Contact Phone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Signature of Supt. or Authorized Official _____ Date _____

THE HOUSTON COUNTY SCHOOL SYSTEM WILL ACCEPT THIS INFORMATION ONLY WHEN MAILED OR FAXED DIRECTLY FROM PREVIOUS EMPLOYER TO:

**HOUSTON COUNTY BOARD OF EDUCATION
ATTN: PAYROLL DEPARTMENT
P.O. BOX 1850
PERRY, GA 31069-1850

PHONE: (478) 988-6200
FAX: (478) 988-6106**