



New York City Public Schools

PER SESSION UNUSED SICK TIME TRANSFER FORM

***** FOR PER SESSION YEAR ENDING AUGUST 31, 20_____*****

This form is to be utilized to transfer accrued Per Session sick leave to the employee's regular cumulative absence reserve.

EMPLOYEE INFORMATION

LAST NAME: _____ FIRST NAME: _____

SS# OR FILE NUMBER: _____

BUDGET CODE/GRANT NUMBER: _____ LINE NUMBER: _____

PER SESSION INFORMATION

DISTRICT: _____ SCHOOL: _____ PROGRAM NAME: _____

| | |
|--|---------|
| <u>UNUSED SICK TIME ACCRUED</u> | |
| _____ | _____ |
| HOURS | MINUTES |



This certifies that the statements made above are accurate and correct.

PRINT NAME

SIGNATURE OF EMPLOYEE

Date

PRINT NAME

PER SESSION PAYROLL SECRETARY

Date

PRINT NAME

PER SESSION SUPERVISOR

Date