

Request for Restoration of Accumulated Sick Leave (From Previous Employment)

EMPLOYEE INFORMATION:

Employee Name (please print or type): _____

Employee I.D.#: _____

Previous Employing State Agency: _____

Date of Separation: _____ Sick Leave Balance (at time of separation): _____
(Maximum of 720 hours)

NOTE: Official Certification of Sick Leave Balance Must Be Attached.

Date of Return to State Employment: _____ (Must be 07-01-2003 or after to meet eligibility requirements)

Date of Employment with GDC (if different): _____

Date: _____

Employee Signature

LOCAL HUMAN RESOURCES OFFICE:

Current Sick Leave Balance: _____ as of: _____

Verified by: _____ Date: _____

Personnel Representative/Designee Signature

FOR CORRECTIONS HUMAN RESOURCES MANAGEMENT USE ONLY:

Sick Leave amount certified for restoration: _____ (Maximum 720 Hours)

Certified by: _____ Date: _____

Verified and entered by: _____ Date: _____