

UNIVERSITY OF SOUTH FLORIDA

DATE:

TO: Beverly Jerry
Attendance & Leave Administrator
Division of Human Resources
Employee Benefits
SVC 2172, Ext. 4-5717

SUBJECT: Verification of Leave for Interagency Transfer

Employee's Name

Social Security #

Name & Address of Agency Transferring to:

The following information is furnished to you from our records for this employee:

Termination Date:

Last Day of Actual Work:

Last Day on Payroll:

Hours of Unused Sick Leave to be Transferred:

Prior to 10/1/73 _____ After 10/1/73

Sick Leave Pool Member: Yes _____ No

Hours of Unused Annual Leave to be Transferred:

Total FMLA Leave Used This Fiscal Year:

Date Personal Holiday Used This Fiscal Year:

Signature of Accountable Officer

Department

Date

Campus Mailing Address

Extension

02/00