

Request for Employee Sick Leave Transfer from Maryland Public School System or the Maryland State Department of Education

Part I: New HCPSS Employee

Complete the top portion of this form and forward the form to your previous school district or Maryland State Department of Education (MSDE). This form needs to be sent to your previous school district or MSDE within 60 days of your date of hire.

district or MSDE within 6	0 days of your date of hire.	
Name: (Last, First, Middle, Maiden)		SS#: (last four digits)
Signature:		Date:
Part II: Former Employ	<u>er</u>	
• •		ment with the Howard County Public School Maryland Regulations, Maryland Public School
Systems may accept the t Maryland Public School S The Howard County Publ	transfer of unused accumulated system (including the Maryland Solic School System also currently a	sick leave from any former employer that is a chool for the Blind and School for the Deaf). ccepts transfer of unused accumulated sick v and return the form to the HCPSS Payroll
This is to certify that the	above-named person was emplo	yed by:
School/School District:		State:
Date from:	Date to:	and that the following is correct:
Total number of unused	sick leave <u>hours</u> to be transferre	ed:
Signature of Authorized Official		Date
Print Name and Title of Authorized Official		Telephone
	Dahama fa ca l	

Return form to:

Howard County Public School System, Attn: Payroll Department 10910 Clarksville Pike, Ellicott City, MD 21042 Email: payroll@hcpss.org; Ph: 410-313-8953

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