CHICAGO STATE UNIVERSITY

Human Resources Department

Request to Transfer Cumulative/Non-compensable Sick Leave & State of Illinois Prior Service Time

This section should be completed by the employee who wishes to request to have non-compensable sick leave transferred from another Illinois state agency to the Chicago State University.

Employee Name: _____ UID: _____

Prior Illinois state agency: _____ Prior Agency Contact Name: _____

Complete Mailing Address: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

Name at the time of employment if different: _____

I certify that to the best of my knowledge the information I have furnished above is correct. I understand that this data is subject to verification.

Signature of Employee: _____ Date: _____

TO BE COMPLETED BY CERTIFYING OFFICIAL AT PRIOR AGENCY

Chicago State University does not accept compensable sick leave from other institutions. Employees should be paid out for any remaining compensable sick leave at the time of separation. Non-compensable sick leave can be transferred and will be credited to the employee's non-compensable balance.

Number of hours of non-compensable sick balance at the time of separation: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

EMPLOYEE STATUS: FULL TIME _____ PART TIME _____ PERMANENT _____ TEMPORARY _____

PERCENT TIME: _____ **APPROXIMATE NUMBER OF HRS PER WEEK**: _____

Signature of Certifying Official at Prior Agency: _____ Date: _____

Printed Name of Certifying Official at Prior Agency: _____

Title of Certifying Official at Prior Agency: _____

Telephone: _____ Email Address: _____

Please Return to:

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email:hr@csu.edu