



Business Services. 1701 Prudential Drive Jacksonville, FL 32207. Phone (904) 390-2022 . Fax (904) 390-2446
www.duvalschools.org

Request for Transfer of Accumulated Sick Leave from DCPS

Name of Employee: _____ PN: _____

Last 4 SS #: _____ Former School #: _____

I _____, authorize Duval County Public Schools to transfer my accumulated sick leave balance to the Florida County School District or the Florida Public University listed below. Remaining balances will include any leave transferred into DCPS from other Florida County School Districts or Florida Public Universities (if applicable).

Name of County or University: _____

Department/Contact: _____

Address: _____

City/Zip Code: _____

Former Employee Signature: _____ Date: _____

Note: Please mail transfer request to:

Duval County Public Schools
Attn: Payroll Department
1701 Prudential Drive
Jacksonville, FL 32207