NEW YORK CITY PUBLIC SCHOOLS

PER SESSION UNUSED SICK TIME TRANSFER FORM

*** FOR PER SESSION YEAR ENDING AUGUST 31, 199___ ***

This form is to be utilized to transfer accrued Per Session sick leave to the employee's regular cumulative absence reserve.

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EMPLOYEE INFORMATION

Last Name: _____   First Name: _____

SS# or
File Number: _____

Budget Code/Grant Number _____   Line Number _____

PER SESSION INFORMATION

District: _____ School: _____ Program Name: _____

Start Date: _____ / _____ / _____   End Date: _____ / _____ / _____

UNUSED SICK TIME ACCRUED	
HRS	MIN

This certifies that the statements made above are accurate and correct.

Print   Name _____   Signature of Employee _____ Date

Print   Name _____   Per Session Payroll Scty. _____ Date

Print   Name _____   Per Session Supervisor _____ Date

DHR/OP 175S-5/91
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