



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.

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