



HUMAN RESOURCES

Illinois State University

Sick Leave Transfer from a State agency or other institution subject to the State Universities Civil Service System (SUCSS)

Employee: For consideration of sick leave transfer please complete Section One below and forward to your former agency representative in Human Resources or Payroll to complete this form. Once completed it needs to be returned to Human Resources, Illinois State University, Campus Box 1300, Normal, IL 61790-1300. Fax: 309-438-7421

SECTION ONE: to be completed by Employee

Transfer of Accumulative Sick Leave will follow University policy 3.1.25 Transfer of Benefits. Vacation transfer is not accepted by Illinois State University. The break in service must be less than 121 calendar days.

Signature of ISU employee requesting transfer: _____ Date _____

Employee Name _____ ISU UID _____

SECTION TWO: to be completed by former State Agency

Employee close of business termination date from prior State of Illinois agency: _____

Basis of Sick Leave – check one		Balance at Termination (in hours)	Paid at Termination (in hours)	Reported to SURS	Eligible for Transfer to ISU (in hours)
<input type="checkbox"/> Work Days <input type="checkbox"/> Calendar Days (3 calendar days = 2 work days)					
A	Accumulative Sick Leave accrued before 1/1/1984 (non compensable)				
B*	Accumulative Sick Leave accrued from 1/1/1984–12-31-1997 (1/2 compensable & 1/2 non compensable)	*	*		
C	Accumulative Sick Leave accrued after 12/31/1997 (non compensable)				
	Total				

B* - The transferring employee should elect to receive payment equal to one-half of the balance at the time of separation from their prior agency or university. The remaining balance may be transferred to Illinois State University and placed in the employee's non-compensable accumulative sick leave balance for future use provided the employee's break in service between the prior institution/agency and joining Illinois State University does not exceed 120 calendar days.

Printed name and phone number of prior State of Illinois Agency _____

Signature of Certifying Official at prior agency: _____ Date _____

Printed name and Title of Certifying Official: _____

SECTION THREE: to be completed by Illinois State University – Benefit Services 309-438-8311

Employment Date at Illinois State University: _____

Signature of ISU Human Resources Representative: _____ Date _____