



COUNTY OF GRANVILLE, NORTH CAROLINA

104 BELLE STREET, P.O. BOX 906, OXFORD, NORTH CAROLINA 27565

OFFICE OF HUMAN RESOURCES

PHONE: (919) 603-1338 FAX: (919) 339-1933

INCOMING TRANSFER OF LEAVE REQUEST

Date: _____

TO: _____
Name of State/Local Government Agency or Municipality

ATTN: _____
Human Resources or Payroll Representative

FROM: Angela S. Miles, Human Resources Director

RE: Prior Service For: _____

The above-named individual has indicated that he/she was previously employed with your agency. Within certain parameters, Granville County will allow new employees to transfer in unused sick and/or vacation hours from previous N.C. State Agencies, Local Government Agencies and/or Local Municipalities.

Please complete the form below to certify any unused/unpaid leave balances and return via fax it to (919)690-1766. If you have any questions or need additional information, please contact our Human Resource Office at (919)603-1338. Thank you for your assistance.

1. EMPLOYMENT DATES: _____ TO _____
(month/day/year) (month/day/year)

2. UNUSED SICK LEAVE: HOURS _____ MINUTES _____

3. UNUSED VACATION: HOURS _____ MINUTES _____
(Granville County will accept up to **37.50** hours)

NAME OF AGENCY: _____

Printed Name of Person Submitting Information

Title

Signature of Person Submitting Information

Date

Email Address

Phone Number

GRANVILLE COUNTY HR USE ONLY

Start Date of Employee _____ Probationary End Date _____

Allowed Hours: _____ Annual
_____ Sick _____ Sick Hours After Probation

Human Resources Director

Date