Department of Finance and Administration

Office of Human Resources

1509 West 7th Street P. O. Box 2485 Little Rock, AR 72203-2485 Phone: 501.324.9065 Fax: 501.683.2174

www.dfa.arkansas.gov/

TO:	Human Resources		
FROM:			
DATE:			
SUBJECT:	Leave Balances for Tra	ansferring Employees	
Employee's Name		_	Personnel Number
Transferred internally Receiving Of			
	receiving office		
Transferred to another state agency Receive		ving State Agency	
DFA Human Resources has	s verified the information below a	and the following are the leave ba	alances as of the last day of employment.
Effective Date of Transfer: (Close of day)			-
Annual Leave Balance:			-
Sick Leave Balance:			-
Holiday Leave Balance:			-
Birthday Leave Balance:			-
Straight Compensatory Le. (Applicable only if internal			-
Time & Half-Compensator (Applicable only if internal			-
Paid Sick Leave hours use	ed under FMLA:	_	-
Timekeener News		-	Tolophone Number
Timekeeper Name			Telephone Number