



STATE OF ARKANSAS  
**Department of Finance and  
 Administration**

**Office of Human Resources**  
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 www.dfa.arkansas.gov/

TO: Human Resources

FROM:

DATE:

SUBJECT: Leave Balances for Transferring Employees

Employee's Name	Personnel Number
Transferred internally	Receiving Office
Transferred to another state agency	Receiving State Agency

DFA Human Resources has verified the information below and the following are the leave balances 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 Leave Balance: (Applicable <u>only</u> if internal transfer)	
Time & Half-Compensatory Leave Balance: (Applicable <u>only</u> if internal transfer)	
Paid Sick Leave hours used under FMLA:	

Timekeeper Name	Telephone Number
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