



Transfer of Leave from Hertford County to New Employer

Hertford County	115 Justice Drive, Suite 1 Winton, NC 27986
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SECTION I	
Employee Name	
Address	
City, State Zip	
Phone Number	
<i>I hereby request that Hertford County transfer the following hours to my new employer.</i>	
Annual/Vacation in Hours	
Sick Leave in Hours	
Please give the contact information for the individual responsible for receiving your leave.	
Contact Name	
Employer Name	
Phone	
Email	
Signature of Employee _____	
Date _____	

SECTION II	
Employer Name	Hertford County Local Government
Address	115 Justice Drive, Suite 1
City, State Zip	Winton, NC 27986
<i>On behalf of the above employee, I authorize the transfer of the following hours:</i>	
Annual/Vacation in Hours	
Sick Leave in Hours	
Signature of Authorized Employer Representative _____	
Date _____	