



P O Box 638
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Fayetteville, TN 37334

931-433-7182 [O]
931-438-0074 [F]
SCHRA.us

Accrued Leave Rate
Request for Former Full-Time SCHRA Creditable Service

Date: _____

Employee Name: _____

Social Security Number: _____

Full-Time Start Date: _____

Full-Time Termination Date: _____

Total month's service: _____

SCHRA HR / Payroll Use Only

Authorized Signature: _____

Print name: _____

Title: _____

Phone Number: _____