



SICK LEAVE TRANSFER FORM

1. Statement by Transferring Employee

I have accepted employment with _____ . I hereby request that you certify my accumulated leave of absence for illness or injury, to which I am entitled to under Education Code 87782 (*Faculty/Administrators*).

This is to certify that I, _____ (PRINT NAME), was employed by

Former District:

District Full Address: _____

District Contact Number: _____

Employee Signature: _____ **Date:** _____

Employee ID or last four digits of SSN: _____

2. Response by Former District

This is to certify that the above-named person was employed by

_____ (DISTRICT NAME), from

to _____ and that the following is true and correct:

TOTAL number of unused sick leave hours to be transferred: _____

Name of certifying official (print): _____ **Title:** _____

Signature: _____ **Date:** _____

3. STRS Retirement Approval:

We accept the transfer of these hours for the purpose of STRS Retirement only. These hours are not usable while employed at _____, but will be available to transfer upon termination.

Name of Charter official (print): _____ **Title:** _____

Signature: _____ **Date:** _____

I understand and agree to the terms above for the use and transfer of these unused sick hours.

Employee Signature: _____ **Date:** _____