



Finance Division: Payroll Department
4100 Normal Street, Room 1150, San Diego CA 92103-2682
Phone (619) 725-7736 ~ FAX: (619) 686-6729

Sick Leave Transfer Request

Date: _____

TO:

San Diego Unified School District (SDUSD) is requesting a sick leave transfer for:

Employee Name: _____

Last 4 Digits of SSN: XXX-XX- ____ ____ SDUSD Start Date: _____

Please provide the following information to enable the transfer:

- 1.) This employee was (choose one): **Classified** **Certificated**
- 2.) The period of service was from: _____ to _____.
- 3.) Upon separation, this employee was entitled to _____ **hours** of absence for illness. This benefit was accumulated under the provisions of the Education Code, Sections 45191 and 44978 pertaining to classified or certificated employees.

<<OR>>

According to Education Code Sections 44979 and 45202, this employee's sick leave balance is **not transferable** due to the reason checked below:

- The employee is still a current employee of our district.
- The employee's period of employment was less than one year.
- The period between the employee's separation and employment between our school district and yours exceeds one (1) year.
- A sick leave transfer was already submitted on (*date*) _____ to _____ School District.
- Classified employees only:** Employment was terminated by the employer for cause (Transfer may be made if agreed to by the governing board of SDUSD).

I verify that the information regarding the employee named above is correct.

Print Name Sign Date

Job Title Phone Email

Please deliver, mail, or fax this form to SDUSD using the contact information listed above.