TRANSFER OF ACCUMULATED SICK LEAVE
Tehama County Department of Education

Employee
Hire Date
Social Security Number

Please check one:

☐ Certificated (BP 4178)
☐ Classified (BP 4278)

FOR FORMER EMPLOYING SCHOOL DISTRICT TO COMPLETE:

District Name
Address
City/State/Zip
Phone Number

Accumulated (earned but not used) sick leave: __________________ hours
If your district accrues sick leave by days, please convert days to hours based on the number of hours per day the employee worked while accruing sick leave. Example: 10 days sick leave earned at 7.5 hours per day = 75 hours transferable sick leave.

Date employment began in district: ________________________________

Date employment terminated in district: __________________________

I certify the above statement of accumulated sick leave to be true and correct.

Signed __________________________
Print Name & Title __________________________

Please send this form to:

Personnel Department
Tehama County Department of Education
P.O. Box 689
Red Bluff, CA 96080

FOR OFFICE USE ONLY

☐ Approved
☐ Denied (see below) __________________________

☐ Employment in previous district or county office of education was not for one calendar year or more.

☐ Employment was not accepted with this county office of education within one year of termination of previous district or county office employment.

☐ Other: __________________________

Distribution: White: New Employer  Yellow: Employee  Pink: Former Employer