TRANSFER OF ACCUMULATED SICK LEAVE

Tehama County Department of Education

Please check one: ☐ Certificated (BP 4178) ☐ Classified (BP 4278)

_____
Employee

_____
Hire Date

_____ - _____ - _____
Social Security Number

FOR FORMER EMPLOYING SCHOOL DISTRICT TO COMPLETE:

_____ _____
District Name Date

_____
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*) _____
Personnel

☐ 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