



Monterey County Office of Education

Leadership, Support, and Service to Prepare All Students for Success

Dr. Deneen Guss
County Superintendent of Schools

SICK LEAVE TRANSFER FORM

1. Statement by Transferring Employee

I have accepted employment with the Monterey County Office of Education. I hereby request that you certify to the Monterey County Office of Education my accumulated leave of absence for illness or injury, to which I am entitled to under Education Code 44979 (*Certificated*), or Education Code 45202 (*Classified*).

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:

Number of unused **regular** sick leave **hours** to be transferred: _____

Number of unused **excess** sick leave **hours** to be transferred: _____

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

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

Signature: _____ Date: _____

3. Return this form to:

Mail: Monterey County Office of Education, ATTN: Human Resources, P.O. Box 80851 Salinas, CA 93912-0851

Fax: (831) 754-3658