



# Monterey County Office of Education

Dr. Nancy Kotowski  
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:

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