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TRANSFER OF UNUSED SICK LEAVE

Have you been employed as a certificated employee in a California school district for one school year or more and within the last school year? **If yes**, then you qualify to transfer your sick leave under EC 44979.

To transfer unused sick leave, complete PART A of this form and give to your previous employer.

PART A:

Name of employee: _____

Name of previous California public school employer: _____

Dates of employment: _____

Instructions to previous California public school employer: Please complete **PART B** of this form and return to LCMSD via mail, email or fax above.

PART B:

The above named employee had _____ sick hours at date of separation from our district.

Please indicate the number of hours that constitute a 'full day' for employees of this category in your district: _____

Indicate the number of hours, if any, that may be categorized as 'in excess' by STRS: _____

Employment start date: _____

Employment end date: _____

Leave(s) of absence: _____

Name (please print): _____

Authorized signature: _____

Date: _____

Position or Title: _____

Phone contact: _____

Thank you!