



SICK LEAVE TRANSFER FORM

TO BE COMPLETED BY EMPLOYEE

To (Former District): _____

Address: _____

I am currently employed by Woodside Elementary School District (WESD).
Please complete the "Former Employing District" section below to transfer my accrued sick leave to WSD.

Employee Name

Social Security Number

Employee Signature

Date

TO BE COMPLETED BY FORMER EMPLOYING DISTRICT

The employee named above has been employed by _____ effective _____
in a classified / certificated capacity. **Please complete one of the following:**

- ☐ Upon separation from ☐ classified / ☐ certificated service, this employee was entitled to _____ accumulated (*earned but not used*) sick leave hours under the provisions of the Education Code Section 44978.

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 transferrable

- ☐ According to Education Code Section 44979 and 45202, this employee's sick leave balance is not transferable due to the reason checked below:

☐ Employee is a current employee of our District.

☐ The employee's period of employment was less than one (1) year.

☐ Employment was terminated by the employer for cause (transfer may be made if agreed to by the governing board of _____)

☐ The period between the employee's separation and employment between our School District and yours exceeds one (1) year.

- ☐ A Sick Leave Transfer request has already been processed on _____ and forwarded to _____ School District.

Hire Date

Termination Date

This will verify that the information regarding the above employee is correct.

Signature

Title