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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!