

DISTRICT/CHARTER: _____

**DISTRICT REQUEST FORM
TRANSFER OF SICK LEAVE**

Personnel Department School District _____ _____ _____

To aid us in complying with Educational Code 44979, transfer of accumulated sick leave, please furnish the employment information requested below.

We appreciate your assistance.

Sincerely,

Ventura County Schools
Business Services Authority
5100 Adolfo Road
Camarillo, CA 93012

Employee's Name _____ Social Security Number _____ Employment Dates: From _____ to _____ Employee's Signature _____
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Total number of days, leave of absence for illness or injury to which the employee was entitled under Education Code 44979 remaining at termination of employment:

TOTAL NUMBER OF DAYS: _____

DATE: _____

SIGNATURE: _____

TITLE: _____

DISTRICT: _____