



Long Beach Unified School District
Payroll Branch
1515 Hughes Way, Long Beach, CA 90810
(562) 997-8248

Date: _____

To: Superintendent/ Director of Accounting

_____, California

From: Long Beach Unified School District

RE: SICK LEAVE TRANSFER request for _____
(Employee Name/ SSN)

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

- Upon separation from classified / certificated service, this employee was entitled to _____ full pay days or _____ hours of absence for illness. This benefit was accumulated under the provisions of the Education Code Section 44978.
- 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 LBUSD).
 - 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.

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

Signature Title Date

Please forward this form to the address listed above.