



# TAMALPAIS UNION HIGH SCHOOL DISTRICT

## Human Resources

P.O. Box 605, Larkspur, CA 94977  
(415) 945-3722 / Fax: (415) 945-3609

### **CERTIFICATED SICK LEAVE TRANSFER REQUEST**

*\*Sick Leave is only transferable within the first year of employment*

**EMPLOYEE:** Complete Section A and submit to former California public school employer.

#### Section A

I have been employed by the Tamalpais Union High School District. Please provide the requested information regarding accumulated, unused sick leave.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

#### Section B

#### **TO BE COMPLETED BY PREVIOUS EMPLOYER**

Number of **days** of accumulated, unused sick leave: \_ \_\_\_\_\_

Dates of employment: \_\_\_\_\_

The above information is certified as being correct.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Name / Address

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

Please return to: Tamalpais Union High School District – Human Resources

If you have any questions, please contact Leah Noble-Christoff at  
Lnoblechristoff@tamdistrict.org or, the HR office line (415) 945-1030