



Email completed form to: Payroll@fcusd.org OR Fax to: 916-294-9022

Section 1 to be completed by Employee (send to prior Employer):

To: Payroll and/or Human Resources
RE: Sick Leave Transfer

_____ has been employed by FCUSD effective _____ in a classified or certificated capacity. -

I hereby authorize the release of accumulated sick days to Folsom Cordova Unified School District.

Requested by: _____ Signature: _____

Social Security Number: _____ Date: _____

Section 2 to be completed by prior Employer:

Please complete one of the following:

Upon separation this employee was employed from _____ to _____.

As a certificated staff member and is entitled to _____ full pay days based on _____ hours a day.

As a classified staff member and is entitled to _____ hours.

For accumulated unused leave of absence for illness or injury. This verification of unused sick leave per Education Code Section 44979 (Certificated) or Education Code Section 45202 (Classified).

According to Education Code Section 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 FCUSD).

A Sick Leave Transfer request has already been processed on _____ and forwarded to

_____.

Signature Title Date