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Office Address:
750 E. Main Street, El Cajon, CA 92020

Mailing Address:
PO Box 1007, El Cajon, CA 92022-1007

TRANSFER OF ACCUMULATED SICK LEAVE

Classified and Certificated

INSTRUCTIONS: Complete Section 1, then provide this form to the previous school district from which you're looking to transfer sick leave. Your previous district will then be responsible for submitting the completed form to the Cajon Valley Union School District Payroll Department using the information at the bottom of this form.

Section 1 (to be completed by employee)

Name: _____ SSN: _____ - _____ - _____ Employee Type: ☐ Certificated ☐ Classified

The individual above is currently employed with the Cajon Valley Union School District and has indicated previous service in your school district. In order to comply with California Education Code Sections 44979 and 45202 regarding transfer of sick leave from other California school districts, we would appreciate the information requested below as soon as possible.

Section 2 (to be completed by the employee's previous school district Personnel Department)

This is to certify that the person named above was employed in our district as follows:

Position: _____ From (date): ____ / ____ / ____ To (date): ____ / ____ / ____

At the time of transfer from our district, the employee had the following earned, unused sick leave:

_____ Days

Signature: _____ Date: _____

Print Name: _____ Title: _____

District Name: _____

PLEASE RETURN THIS COMPLETED FORM TO:

Attn: Payroll Department
payroll@cajonvalley.net
Cajon Valley Union School District
PO Box 1007
El Cajon, CA 92022-1007