



Wright Elementary School District
 Payroll Department
 4385 Price Avenue Santa Rosa, CA 95407
 (707) 542-0550 ext. 104
 payroll@wrightesd.org

Date: _____

To: Superintendent/ Director of Accounting
 _____ School District

 _____, California

From: Wright Elementary School District

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

The employee named above has been employed by WESD 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 WESD).
 - 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 mailing address or email address listed above.