

MiraCosta Community College District

TRANSFER OF ACCUMULATED SICK LEAVE

TO:

Transferring District

Address

City, State, Zip

Phone

RE:

Employee

Employee Signature

Date

The above employee has been employed by the MiraCosta Community College District in a Certificated/Classified (**circle one**) position starting on _____. Please indicate the number of hours of accumulated (earned but unused) sick leave as of the termination date with your district (*E.C. 87782, E.C. 87783 or E.C. 88202):

_____ Sick Leave Hours Accumulated

_____ Date service began in transferring district

_____ Date such service terminated

I certify the above statement of accumulated sick leave to be true and correct.

Signature

Title

Date

Please send completed form to:

MiraCosta Community College District
Attention: MS 14/Payroll
One Barnard Drive
Oceanside, CA 92056

If you have any questions regarding the completion of this form, please call the Payroll office at (760) 795-6782 or (760) 795-6783.

*Certificated employment in this district has been accepted after employment of at least one full school year or more in the transferring district or within the school year following termination in that district. (OR) Classified employment in this district has been accepted after employment for one calendar year or more in the transferring district and within 30 days of termination for the sole purpose of accepting a new position.