Happy Valley Union Elementary School District

16300 Cloverdale Road
Anderson, CA 96007
ph: (530) 357-2134

REQUEST FOR TRANSFER OF ACCUMULATED SICK LEAVE

TO BE COMPLETED BY EMPLOYEE

To (Former District): _____

Address: _____

I am currently employed by Happy Valley Union Elementary School District (HVUESD).
Please complete the "Former Employing District" section below to transfer my accrued
sick leave to HVUESD.

_____   XXX - XX - (_____)
Employee Name   Social Security Number

_____   _____
Employee Signature   Date

TO BE COMPLETED BY FORMER EMPLOYING DISTRICT

The employee named above has been employed by HVUESD effective _____
in a classified / certificated capacity. **Please complete one of the following:**

[   ]   Upon separation from [   ] classified / [   ] certificated service, this employee was
        entitled to _____ accumulated *(earned but not used)* sick leave hours under
        the provisions of the Education Code Section 44978.

        If your district accrues sick leave by days, please convert days to hours based on the
        number of hours per day the employee worked while accruing sick leave.
        Example: 10 days sick leave earned at 7.5 hours per day = 75 hours transferrable

[   ]   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 HVUESD)

        [   ]   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.

_____   _____
Hire Date   Termination Date

This will verify that the information regarding the above employee is correct.

_____   _____
Signature   Title

Please return form to: Rhonda Grijalva by email rgrijalva@hvusd.net