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
1 Barnard Drive
Oceanside, CA 92056

If you have any questions regarding the completion of this form, please call the Payroll office at (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. Classified employment in this district has been accepted after employment for one calendar year or more in the transferring district. Effective September 22, 2024, AB 2134 eliminates the previous time limitation for transferring sick leave between public school employers. Per Ed. Code 87783, sick leave transfers cannot be accepted if the previous employer was a UC or CSU.