

Princeton Joint Unified School District Transfer of Sick Leave

A. Statement by Transferring Certificated/Classified Employee

This is to certify that I, _____, was employed by

_____ (School District)

_____ (Address)

_____ (City/State/Zip)

in a certificated/classified capacity from (dates) _____ to _____.

Signature

SSN

Date of Birth

B. Request by New Employing District

The above certificated/classified employee has been accepted for employment in this district. This district officially requests the amount of unused sick leave due the above named certificated/classified employee be transferred to this district.

**Princeton Joint Unified School District
ATTN: Chief Business Official
473 State Street
Princeton, CA 95970**

Phone: (530) 439-2261

Fax: (530) 439-2113

C. Certification by Former Employing District

This is to certify that the above named certificated/classified employee was employed by this district from (dates) _____ to _____ and that the following is true and correct.

Total Sick Leave: _____ hours

District

Address

City

State

Zip

Name of Person Completing Form

Title

Date