



Office of Human Resources  
2100 Chester Avenue  
Bakersfield, CA 93301-4099  
(661) 336-5140

*Bakersfield College 1913 ~ Cerro Coso College 1973 ~ Porterville College 1927*

### Request for Transfer Accumulated Sick Leave

Please complete with any accumulated sick leave eligible for transfer  
(Title 5, Section 5601)

I hereby request the below District to certify my accumulated sick leave transfer to KCCD.

Employee Name: \_\_\_\_\_

Classified (E.C. 88202)

Employee ID: \_\_\_\_\_

Certificated (E.C. 87782,87783)

Employee Signature: \_\_\_\_\_

\*\*Employee must fill out top portion and submit form to former District for Completion.

#### *To be completed by authorized representative of former District*

##### Regular Sick Leave

Number of \_\_\_\_\_ Hours \_\_\_\_\_ Days If days, based on \_\_\_\_\_ hours per day

##### Excess Sick Leave

Number of \_\_\_\_\_ Hours \_\_\_\_\_ Days If days, based on \_\_\_\_\_ hours per day

Dates of service\* \_\_\_\_\_ to \_\_\_\_\_

District: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form within 10 days by mail to address above or fax:  
(661) 336-5177

\*Transfer of sick leave for certificated employment in this district will be accepted after employment of at least one full school year, or more, in the transferring district (E.C. 87783.)  
Transfer of sick leave for classified employment in this district will be accepted after employment for one calendar year, or more, in the transferring district and within one year of termination from that district (E.C. 88202)