

Sweetwater Union High School District

Payroll Department
1130 Fifth Avenue
Chula Vista, CA 91911
(619) 691-5518

REQUEST FOR SICK LEAVE TRANSFER

TO: **Superintendent**

School District

Street

City State Zip Code

This is to inform you that I have accepted employment with the Sweetwater Union High School District. I was formerly employed in your district:

From: _____, _____ To: _____, _____

Please inform the Sweetwater Union High School District as to the total amount of accumulated sick leave to which I was entitled at the time of separation.

Employee Name (Please Print) Employee Signature

Social Security Number Date

TO: **Sweetwater Union High School District
Payroll Department**

Upon separation from service on _____
Date

_____ was entitled to _____ days or
Name Of Employee

_____ hours of sick leave. I certify that this is a true and correct statement.

Authorized Signature School District

Title Date

Please Note
This form must be signed by the officer or
employee charged with maintaining employee
attendance records.