

# LOS RIOS COMMUNITY COLLEGE DISTRICT



SACRAMENTO CITY COLLEGE

AMERICAN RIVER COLLEGE

COSUMNES RIVER COLLEGE

Date: \_\_\_\_\_  
Today's Date

To (Former District): \_\_\_\_\_  
Name of District  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, ZIP

I am currently employed by the Los Rios Community College District. Please transfer my accrued sick leave balance to Los Rios:

_____ Balance (in hours)	_____ Balance (in days) Excluding Summer/Adjunct/Overload
_____ Days Earned During Summer Session	_____ Days Earned as Adjunct/Overload
_____ Date Service Began with Former District	_____ Date Service Ended with Former District

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative of Former District Date Signed

Please return this form to the following address:  
Los Rios Community College District  
Attn: Employee Benefits Department  
1919 Spanos Court  
Sacramento, CA 95825

Thank you for processing my request.

Signed \_\_\_\_\_ Employee's Name (Please Print) \_\_\_\_\_ Employee's Signature  
\_\_\_\_\_ SSN \_\_\_\_\_ Date

**Note: Per the California Education Code, a sick leave transfer to Los Rios can only be accepted if the transferring California employer is a public school district, community college district or county office of education.**

**Sick Leave Transfer Requirements for Certificated Employees (Ed Code 87782 & 87783):**

1. Employment in the former district was for a period of one (1) calendar year or more; and
2. Employee is hired by Los Rios within one (1) year of employment with the former district.

**Sick Leave Transfer Requirements for Classified Employees (Ed Code 88202):**

1. Employment in the prior district was for a period of one (1) calendar year or more; and
2. Employee is hired by Los Rios within one (1) year of employment with the former district.