

**BERKELEY UNIFIED SCHOOL DISTRICT**

Human Resources Office  
2134 Martin Luther King Jr. Way  
Berkeley, CA 94704-1180  
(510) 644-6150

**TRANSFER OF UNUSED SICK LEAVE**

**TO:**

**DATE:** \_\_\_\_\_

\_\_\_\_\_ was employed by the Berkeley Unified School District.  
Below is the transfer of unused sick leave which the employee had at the time she/he left employment .

**TRANSFER OF UNUSED SICK LEAVE**

**Total Number of Days of Unused Sick Leave:** \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

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