



Request for Transfer of Sick leave

1. Information of Transferring Employee

I certify that I was employed by the below-named district and request for my accumulated sick leave to be transferred from that district to Cerritos Community College District

Employee Name: _____ SSN: _____

Former District Name: _____

Employment Start Date: _____ Employment End Date: _____

Employment Type: Certificated Classified

Employee Signature

Date

2. Request by Employing District

The above-named person has been employed by Cerritos Community College District. This is to request that the amount of unused sick leave due the above named employee be transferred to this District. (Ed Code §87782, 87783, 87785, and 88202)

**Human Resources
Cerritos Community College District
11110 Alondra Blvd, Norwalk, CA 90650
(562) 860-2451 x2284 | Fax Number: (562) 467-5003**

Amanda Dodd

Date

Director of Human Resources and Risk Management

3. Response by former District

This is to certify that the above-named person was employed by the District and that the following information is true and correct:

Employment Start Date: _____ Employment End Date: _____

Total Earned Sick Leave (Hours or Days): _____

Minus Used Sick Leave (Hours or Days): _____

Total Sick Leave Being Transferred (Hours of Days): _____

Name

Title

Signature

Date