

Cerritos Community College District
Request for Transfer of Sick Leave

1. STATEMENT OF TRANSFERRING EMPLOYEE:

This is to certify that I, _____
(Name) (Social Security #)

was employed by _____ District.

Address: _____

I was employed in a _____ certificated _____ non-certificated capacity:

From: _____ To: _____

Signature of Employee: *Date*

2. REQUEST BY EMPLOYING DISTRICT

The above named person has been employed by this 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 Office
Cerritos Community College District
11110 Alondra Blvd Norwalk, CA 90650
(562) 860-2451, Extension 2284
Fax Number: (562) 467-5003*

Nancy Buvinger *Date*
Director of Human Resources/Risk Management

3. RESPONSE BY FORMER DISTRICT

This is to certify that the above named person was employed by this District from _____ to _____ and that the following information is true and correct.

Total Earned Sick Leave _____ days **OR** _____ hours

Minus Used Sick Leave _____ days **OR** _____ hours

Total Sick Leave Being Transferred _____ days **OR** _____ hours

Signature *Date*

Print Name *Title*

(Upon completion, please return this form to the requesting District's address or via FAX as shown in item #2 above)