

PERALTA COMMUNITY COLLEGE DISTRICT

**Office of Human Resources
333 E 8th Street, Oakland, CA 94606**

TRANSFER OF SICK LEAVE

I. STATEMENT BY TRANSFERRING EMPLOYEE

This is to certify that I, _____ SSN _____ was

Employed by the (district) _____

(address) _____

From _____ to _____ (dates of employment)

I hereby request the above district to certify to the below-listed district my accumulated leave of absence for illness or injury to which I am entitled under the California Education Code.

Signature: _____

II. REQUEST BY NEW EMPLOYING DISTRICT

The above employee has been accepted for employment by this district. This District officially requests the amount of unused sick leave due to the above-named employee.

_____ Academic _____ Classified _____ Administrator

By: _____

Date: _____

Title: _____

Phone: _____

III. RESPONSE BY FORMER DISTRICT

This certifies that the above-named employee was employed from _____ to _____ and that the following is true and correct.

Total number of DAYS of accumulated unused leave of absence for illness or injury to which the above-named employee is entitled at the time he or she left the district _____.

By: _____ Title: _____ Date: _____

Email: _____ District: _____

Return completed Transfer of Sick Leave Form to Alejandra Rodriguez at the Office of Human Resources via email at alejandrarodriguez@peralta.edu