

TRANSFER OF ACCUMULATED SICK LEAVE

(TITLE 5, SECTION 53125)

Name of Employee _____ OR _____ Certified (Ed. Code 87782)
_____ Classified (Ed. Code 88202)

x _____ days of accumulated (earned but unused) leave of absence for illness or injury

x _____ date service began in transferring district

x _____ date such service terminated

_____ transferring district (or agency)
_____ Address

I certify the above statement of accumulated sick leave to be true and correct.

(Signed) Name _____ Title _____ Date _____

Please send one copy of the above information within ten days to:

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
PAYROLL DEPARTMENT
5020 FRANKLIN DRIVE
PLEASANTON, CA 94566

(PRINT) Name of Employee _____ (SIGNED) Name of Employee _____ Date _____

- 1 All lines except those marked (x) may be filled in by the employee, who shall obtain three copies of this form from the new district and send two copies to the former district or agency.
2 Days of accumulated sick leave other than days regularly earned in the transferring district include:
_____ days transferred to this district (after 9/17/65 for certificated; after 9/18/59 for classified). If none, use a dash.
_____ extra days earned during summer session or in accordance with local board-established policy.
_____ if accumulated days were on less than a full-day basis, show the equivalent full days (or hours). Explain the computation.
3. Certificated employment in this district has been accepted after employment of at least one full school year or more in the transferring district or within the school year following termination in that district. (OR) Classified employment in this district has been accepted after employment for one calendar year or more in the transferring district and within 30 days of termination for the sole purpose of accepting a new position.