



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resource Services
Request for Sick Leave Transfer



Note to Employee: Complete top half of page and mail to former employer.

To: _____

From: Human Resources Dept.

Subject: Verification of Sick Leave

Re: _____
 Name of Employee _____ Social Security No. _____

 Former name in which records may be filed

This will authorize you to verify my sick leave at _____
 Name of previous school district or agency

 Address _____ City _____ State _____ Zip Code _____

 Employee Signature

VERIFICATION OF UNUSED SICK LEAVE

Upon separation from service on _____, the above mention employee was
 Date

entitled to _____ days or _____ hours of sick leave.

I certify that this is a true and correct statement.

 Signature of Verifying Official

 Print Name of Verifying Official

 Title

 School District

 Date

Send completed form to:

Chabot-Las Positas Community College District
 Attn: Payroll Dept
 5020 Franklin Drive
 Pleasanton, CA 94588