**Office of Human Resources and Equal Opportunity**
12345 El Monte Road, Los Altos Hills, CA 94022

# SICK LEAVE TRANSFER FORM

## 1. STATEMENT BY TRANSFERRING EMPLOYEE

I have accepted employment with the Foothill-De Anza Community Collect District. I hereby request that you certify to the Foothill-De Anza CCD my accumulated leave of absence for illness or injury, to which I am entitled to under Education Code 87782 (*Faculty/Administrators*), or Education Code 88202 (*Classified*).

This is to certify that I, _____(print name), was employed by

FORMER DISTRICT: _____

FHDA PART-TIME TO FULL-TIME (16.22.3) ☐

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYEE CWID: _____

## 2. RESPONSE BY FORMER DISTRICT

This is to certify that the above-named was employed by:

_____(District Name) from

_____ to _____.

**Number of Unused Basic Sick Leave Hours: _____**

**Number of Unused Basic Sick Leave <u>Days</u>: _____**

**Unused*Excess Sick Leave <u>Hours</u> to be transferred**: _____

Name of certifying official (print) _____ Title: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

## 3. RETURN THIS FORM TO:

District Office of Human Resources, Attn: Personnel Services
Foothill-De Anza Community College District, 12345 El Monte Rd., Los Altos Hills, CA 94022
or
Fax: (650) 949-2831

**Updated: 4/6/2022** orig:7/14/2021