



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 or am retiring from the Foothill-De Anza Community College District. I hereby request that you certify to the Foothill-De Anza CCD my accumulated leave of absence for illness or injury balance, which I am entitled to transfer 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 INTERNAL PART-TIME TO FULL-TIME TRANSFER (16.25.3)\*

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 Days:** \_\_\_\_\_

**Number of Unused Sick Leave Days:** \_\_\_\_\_

**Unused\*Excess Sick Leave Days 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

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