



## FACULTY SICK LEAVE TRANSFER FORM

### 1. REQUEST TO TRANSFER SICK LEAVE FROM A FORMER DISTRICT

I have accepted employment with Foothill-De Anza Community College District. I hereby request that you certify to Foothill-De Anza CCD my accumulated sick leave, which I am entitled to transfer under Education Code 87782 Transfer of accumulated sick leave, and 87783 Transfer of accumulated leave for injury or illness (*Faculty*).

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

FORMER DISTRICT: \_\_\_\_\_

FORMER DISTRICT EMPLOYEE ID: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOOTHILL-DE ANZA CWID: \_\_\_\_\_

### FORMER DISTRICT RESPONSE

This certifies the above-named was employed by: \_\_\_\_\_ (District Name) from (date) \_\_\_\_\_ to (date) \_\_\_\_\_. Employee unused sick leave hours to be transferred as follows:

**Number of Unused Basic Sick Leave Hours:** \_\_\_\_\_ (*Required*)

**Number of Unused Basic Sick Leave Days Equivalent:** \_\_\_\_\_ (*Required*)

**Number of Unused *Excess* Sick Leave Hours:** \_\_\_\_\_ (*Required*)

Certifying Official's Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. REQUEST TO TRANSFER FHDA PART-TIME SICK LEAVE TO FULL-TIME SICK LEAVE

In accordance with Article 16.25.3, sick leave accumulated as a part-time faculty prior to employment as a contract or regular faculty shall be credited to the faculty's full-time sick leave *upon request*, provided the request is made within one year from date of hire as a probationary employee.

I wish to have my part-time faculty sick leave credited to my full-time faculty sick leave (please check one).

YES

NO

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE CWID: \_\_\_\_\_

### 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