



# Transfer of Sick Leave

## 1. Statement of Transferring Employee

This is to certify that I, \_\_\_\_\_  
was employed by \_\_\_\_\_  
located at \_\_\_\_\_

In a qualified position from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

I hereby request the above college/district to certify to the below listed district my accumulated leave of absence for illness or injury to which I am entitled under Education Code Section 88202/87782.

\_\_\_\_\_  
Employee Signature Social Security Number Date

## 2. Request by Contra Costa Community College District

The above employee has been accepted for employment by the Contra Costa Community College District (District). The District officially requests the amount of unused sick leave due the above name employee.

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Signature Date

## 3. Certification by Former College/District

This certifies that the above named employee was employed by the college / district

from \_\_\_\_\_ to \_\_\_\_\_, as a  **Certificated**  **Classified** (check one)  
Date Date Ed Code 87782 Ed Code 88022

employee and the following is true and correct.

The total hours accumulated of unused leave of absence for illness or injury to which the above-name employee is entitled at the time they left the college/district is: \_\_\_\_\_  
Total Hours

Please differentiate between types of sick leave hours (if applicable).  
Classified Regular Hours: \_\_\_\_\_ Adjunct Hours: \_\_\_\_\_  
Certificated Regular Hours: \_\_\_\_\_ Overload/Excess Sick Hours: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Signature Date

**Please return completed form to:**

Contra Costa Community College District Fax: (925) 370-7541 Questions?  
Attn: Payroll Office Email: DOPayrollDept@email.4cd.edu (925) 229-6860 (Certificated)  
500 Court Street, Martinez, CA 94553 (925) 229-6865 (Classified)