

Cerritos Community College District
Request for Transfer of Sick Leave

1. STATEMENT OF TRANSFERRING EMPLOYEE:

This is to certify that I, _____ was
employed by _____ District.

Address: _____

I was employed in _____ certificated _____ non-certificated capacity:
a _____

From: _____ To: _____

Signature of Employee: _____ *Date*

2. REQUEST OF EMPLOYING DISTRICT

The above named person has been employed by this District. This is to request that the amount of unused sick leave due the above named employee be transferred to this District.

*Cerritos Community College District
11110 Alondra Blvd Norwalk, CA 90650
(562) 860-2451, Extension 2284
Fax Number: (562) 467-5003*

Adriana Flores-Church _____ *Date*
Assistant Director of Human Resources

3. RESPONSE BY FORMER DISTRICT

This is to certify that the above named person was employed by this District from _____ to _____ and that the following information is true and correct.

Total Earned Sick Leave	_____	days	OR	_____	hours
Minus Used Sick Leave	_____	days	OR	_____	hours
Total Sick Leave Being Transferred	_____	days	OR	_____	hours

Signature _____
Date

Print Name _____
Title

(Upon completion, please return this form to the requesting District's address or via FAX as shown in item #2 above)