



LONG BEACH
CITY COLLEGE

Long Beach Community College District

TRANSFER OF SICK LEAVE

Long Beach City College
4901 E. Carson St.
Long Beach, CA 90808

1. STATEMENT OF TRANSFERRING EMPLOYEE

This is to certify that I, _____ was employed by
Name (Please Print)

District: _____

Address: _____

I hereby request the above district to certify to Long Beach Community College District my accumulated leave of absence for illness or injury to which I am entitled under Education Code Section 88202 (Classified) or 87782 (Certificated), whichever is applicable .

Signature

Date

Social Security Number

2. RESPONSE BY FORMER DISTRICT

This is to certify that the above named employee was employed by this district from
_____ to _____ and the following is true and correct.

Certificated Employee

The following total number of hours does not include any excess sick leave** days.

Total number HOURS of unused basic sick leave* being transferred: _____.

*Education Code Section 22170.5 defines "basic sick leave day" as the equivalent of one day's paid leave of absence per pay period. A "pay period" pursuant to Section 22154 means a payroll period of not less than four weeks or more than one calendar month.

**"Excess sick leave days" are defined as the day or total number of days granted by an employer in a pay period as defined in Section 22154 in excess of a basic sick leave day.

Classified Employee

Total number HOURS of unused sick leave being transferred: _____.

By: _____
Signature

Date

Print Name

Title

Please mail completed form to:

Office of Human Resources
Long Beach Community College District
4901 E. Carson Street
Long Beach, CA 90808