



LONG BEACH
CITY COLLEGE

LONG BEACH COMMUNITY COLLEGE DISTRICT

Human Resources Office
4901 East Carson Street
Long Beach, CA 90808

I. STATEMENT BY TRANSFERRING TEACHER

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

The _____ School District

(Address)

In a certificated capacity from _____ to _____.

I hereby request the above district to certify the accumulated leave of absence for illness
Or injury to which I am entitled under Education Code Section 87782.

Date _____ Signature _____

II. REQUEST BY NEW EMPLOYING DISTRICT

The above teacher has been accepted for employment by this district. Using the form below, and
in accordance with Education Code Section 87782 please report the amount of sick leave
accumulated for this employee.

District: Long Beach City College-G3 By Gloria Wilson - HR

Address: 4901 E. Carson Street Title HR Specialist

Long Beach, CA 90808 Date _____

III. RESPONSE BY FORMER DISTRICT

This is to certify that the above named teacher was employed by this district from
_____ to _____, and on the date of resignation had:

Contract Total Hours: _____ accumulated sick leave

Hourly Total Hours: _____ accumulated sick leave

District _____ By _____

Address _____ Title _____

_____ Date _____

PLEASE RETURN TO THE ISSUING DISTRICT AS SOON AS POSSIBLE