



Long Beach Community College District

TRANSFER OF SICK LEAVE

1. STATEMENT OF TRANSFERRING EMPLOYEE

This is to certify that I, _____ was employed by

 Name (Please Print)

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 _____