



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT  
Office of Human Resources  
Request for Sick Leave Transfer



**Note to Employee: Complete top half of page and send to former employer, please do not send back incomplete as it will delay processing.**

To: **PAYROLL DEPARTMENT**

Subject: **Verification of Sick Leave**

Re:

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Former name in which records may be filed

This will authorize you to verify my sick leave at:

\_\_\_\_\_  
Name of previous school district or agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Employee Signature

**The following is to be filled out by past employer:**

**VERIFICATION OF UNUSED SICK LEAVE**

Upon separation from service on \_\_\_\_\_, the above-mentioned employee is

entitled to \_\_\_\_\_ days or \_\_\_\_\_ hours of sick leave.

I certify that this is a true and correct statement.

\_\_\_\_\_  
Signature of Verifying Official

\_\_\_\_\_  
Print Name of Verifying Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
School District or Agency

\_\_\_\_\_  
Date

**Send completed form to:**

*Chabot-Las Positas Community College District*

ATTN: Payroll Department

7600 Dublin Boulevard, 3<sup>rd</sup> Floor

Dublin CA 94568

Office: 925.485.5228 Fax: 925.485.5286