



Business Services/Payroll

***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

*** Request for Sick Leave Transfer does not guarantee that sick leave will be accepted. Transfer is dependent on State Laws.**

**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, 3rd Floor
Dublin CA 94568
Office: 925.485.5228 Fax: 925.485.5286