



SICK LEAVE TRANSFER FORM

Statement of Transferring Employee:

I have accepted employment with Yosemite Community College District. I hereby request that you certify to Yosemite Community College District my accumulated leave of absence for illness, to which I am entitled to under Education Code 87782 (Certificated), or Education Code 88202 (Classified).

This is to certify that I, _____ (print name), was employed by

Former District: _____

District Address: _____

District Contact Number: _____

Employee Signature: _____ Date: _____

Response by Former District

This is to certify that the above-named person was employed by:

_____ (District Name)

From _____ to _____ and that the following is true and correct:

Classified Employee:

Certificated Employee:

Regular Hours: _____

Regular Sick Days: _____

Excess Sick Hours: _____

Certifying official: _____ Title: _____

Signature: _____ Date: _____

Mail this form to:
YCCD
Attention: HR Operations
PO Box 4065
Modesto CA 95352

OR

Fax to:
Attention: HR Operations
(209) 575 - 6969

Human Resources Operations Use Only:

Verified by: _____ Date Posted: _____