

REQUEST TO TRANSFER ACCUMULATED SICK LEAVE

TO FORMER:

School District

Address

State

Zip

FROM:

Employee's Name

SSN

EMPLID

Please transfer the total amount of leave of absence for illness or injury to which I am entitled under Education Code Section 87781/87782 or 88191/88202. Send this information to:

Palomar Community College
1140 W. Mission Road
San Marcos, CA 92069
Attn: Payroll

Employee's Signature _____

Date

I _____ certify that _____
Authorized Official Employee's Name
is entitle to _____ days/hours of leave of absence for illness or injury under Section
87781 or 88191 of the Education Code.

Signature of Authorized Official

Date