



## REQUEST FOR TRANSFER OF SICK LEAVE

TO: \_\_\_\_\_  
NAME OF INSTITUTION

FROM: Teri Ashabraner/Efren Barrera  
Human Resources Technician/Academic

DATES OF EMPLOYMENT:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

The below named person has accepted academic employment with Southwestern Community College District.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

We hereby request a transfer of the total amount of accumulated sick leave to which he/she was entitled at the time of separation. This applies to leave accumulated under Education Code Section 87781 and this leave is transferable under the provisions of Education Code Section 87782.

I HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION REGARDING MY EMPLOYMENT.

\_\_\_\_\_  
REQUESTER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYER COMPLETE BELOW

UPON SEPARATION FROM SERVICE ON: \_\_\_\_\_

WAS ENTITLED TO \_\_\_\_\_ DAYS AND/OR \_\_\_\_\_

HOURS OF ACCUMULATED SICK LEAVE. THIS BENEFIT WAS ACCUMULATED UNDER THE PROVISIONS OF THE EDUCATION CODE.

DISCTICT: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_