



PALOMAR COLLEGE
Human Resource Services
1140 West Mission Road
San Marcos, CA 92069-1487

REQUEST TO TRANSFER ACCUMULATED SICK LEAVE

TO: _____ (School District)
_____ (Street Address)
_____ (City, State, & Zip Code)

FROM: _____ (Employee Name)
_____ (Employee SS#)

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

PALOMAR COMMUNITY COLLEGE
ATTN: Payroll Services
1140 West Mission Road
San Marcos, CA 92069

Employee Signature Date

I _____ (Authorized Official) certify that:
(Please Print)

Employee Name _____ SS# _____ is entitled to
_____ days/hours of leave of absence for illness or injury under Sections 87781/87782 or
88191/88202 of the Education Code.

Signature of Authorized Official Date