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

Or email to: payrolldepartment@palomar.edu

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