



FOOTHILL-DE ANZA
Community College District
Office of Human Resources and Equal Opportunity

TRANSFER OF SICK LEAVE FORM

I have accepted employment with the Foothill-De Anza Community College District. I hereby request you to certify to the District my accumulated leave of absence for illness or injury to which I am entitled to under Education Code 87782 (Faculty/ Administrators), or Education Code 88202 (Classified).

1. **Statement by Transferring Employee**

This is to certify that I, _____, was employed
by the _____ District.

Signature: _____ **Employee ID:** _____

Date: _____

2. **Response by Former District**

This certifies the above named person was employed by this District from _____
to _____ and that the following is true and correct.

Total number of unused sick leave **hours** being transferred: _____

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Return this form to:

Office of Human Resources
Foothill-De Anza Community College District
12345 El Monte Road, Los Altos Hills, CA 94022

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