



**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: \_\_\_\_\_ SSN: \_\_\_\_\_

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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