



SAN JOSE / EVERGREEN VALLEY COMMUNITY COLLEGE DISTRICT
 40 South Market Street
 San Jose, California 95113-2367

Telephone: (408) 270-6404

TRANSFER OF ACCUMLATED SICK LEAVE

Mr. _____ () Certificated
 Mrs.
 Ms.
 Miss _____ () Classified

_____ Days of accumulated (earned but unused) sick leave of absence (after
 (after 9/17/65 for Certificated – Education Code 87782)
 (after 9/18/65 for Classified – Education Code 88202)
 If none, indicate with a zero (0).

_____ Date of service began in transferring district

_____ Date of service terminated

_____ Transferring District

_____ Address

I certify the above statement of accumulated sick leave to be true and correct.

 (Signed)

 Title

 Date

Please return this completed form within ten days to:

Human Resources
 San Jose Community College District
 40 South Market Street
 San Jose, California 95113-2367

Thank you for this service

 Employee

 Date