



# HUMAN RESOURCES DEPARTMENT

50 FRIDA KAHLO WAY, BUNGALOW 702 ♦SAN FRANCISCO, CA 94112 ♦FACULTY/ADMINISTRATORS/  
CLASSIFIED: (415) 452.7660 ♦FAX: (415) 452.7786 WWW.CCSF.EDU/HR

## APPLICATION FOR TRANSFER OF UNUSED ACCUMULATED SICK LEAVE

### I. REQUEST FOR TRANSFER OF UNUSED ACCUMULATED SICK LEAVE

I, \_\_\_\_\_, have been employed by City College of San Francisco,  
(Print Last Name, First Name, and Middle Initial)  
San Francisco Community College District (CCSF/SFCCD) since \_\_\_\_\_.  
(MM/DD/YYYY)

I hereby request certification of my unused accumulated sick leave to which I am entitled under Education Codes 87782 and 87783 for Academic Employees. I acknowledge that this request must be made within the time allowed.

I provide the following for my employment with a community college district (CCD), board of governors (BOG) or California Community Colleges Chancellor’s Office (CCCCO), Office of the County Superintendent of Schools (OCSS), or the Commission for Teacher Preparation and Licensing (CTPL) that directly preceded my position at CCSF/SFCCD:

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Employee ID #: \_\_\_\_\_ OR Last Four Digits of SSN: \_\_\_\_ \_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Employee Status with Former Employer: (Check one of the following.)

\_\_\_ Academic Employee Circle one: Faculty or Administrator

\_\_\_ Other Certificated Position If Other is checked, provide Job Title: \_\_\_\_\_

I hereby authorize my former employer to disclose and certify to CCSF/SFCCD my unused accumulated sick leave.

\_\_\_\_\_  
Employee’s Signature Date \_\_\_\_\_

### II. CERTIFICATION OF SICK LEAVE BY FORMER CCD, OCSS, BOG or CCCCCO, or CTPL

I certify to CCSF/SFCCD that this information is true and accurate for the person who is requesting this transfer of sick leave:

Employer’s Name: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Total Unused Accumulated Sick Leave HOURS to Be Transferred: \_\_\_\_\_

Authorized Official’s Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Return this form to: CCSF HUMAN RESOURCES DEPARTMENT - ATTN: CLARA STARR, 50 FRIDA KAHLO WAY, BUNGALOW 702, SAN FRANCISCO, CA 94112.