



# Transfer of Illness Leave Balance Request

## Instructions

This form may be completed by eligible Academic and Classified employees as allowed by California statute.

Read instructions shown below carefully before completing. Please print or type and ensure all information is provided as omissions can delay processing.

Education Code § 87782 and 88202 provide for the transfer between school or college districts in California of unused leave of absence time for illness or injury. To qualify for this transfer, the employment must have been for a period of one school year for Academic (Certificated) employees or one calendar year or more for Classified employees and the employee must have accepted employment with another district within one year of termination of former employment.

Employees who qualify for the transfer of leave described may complete this form. The form must be submitted with induction processing papers and will be sent to the former school district by Human Resources, District Office.

Please return this form directly to the LACCD.

### **Human Resources Division**

Los Angeles Community College District  
770 Wilshire Boulevard  
Los Angeles, CA 90017

## **A. To be Completed by Employee**

Last Name

First Name

Middle Name

Suffix

Social Security Number

Employee ID Number (If Known)

Location

Name of California School District or College from which illness or injury leave benefits are to be transferred:

Street Address

City

State

Zip Code

**Signed:**

Signature

Signature Date

**B. To be Completed by Employee's Former District**

The employee named above was entitled to the following number of days and or hours of leave absence for illness or injury upon separation from service (Choose one):

Full-Time (Day) Assignment	Days	Hours
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Part-Time (Evening) Assignment	Days	Hours
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Dates of Service:

Date From

Date To

I certify that this is a true and correct statement.

Signature of District Official

Date

Title of District Official

Name of District Official