HARTNELL COLLEGE

_____
(Name or Department verifying balance)

_____
(Previous School/Community College District)

_____
(Street Address)

_____
(City, State, Zip)

SUBJECT: VERIFICATION/TRANSFER OF ACCUMULATED SICK LEAVE

The below individual was previously employed by your District. Please complete and return this form via fax or in the enclosed, self-addressed, postage-paid envelope within ten business days.

_____
(EE Name)

_____
(EE Social Security Number)

_____ Employment date with transferring District

_____ Termination Date with transferring District

_____ Remaining ***days*** of accumulated sick leave for ***certificated*** service
(Ref. Ed. Code 87782, 87781

_____ Remaining **hours** of accumulated sick leave for **classified service** (Ref. Ed Code 88202)

I verified the above statement of accumulated sick leave to be true and correct:

_____ (Printed Name)	_____ (Date)
_____ (Title)	_____ (phone)
_____ (Signature)	

Thank you for your assistance.

Sincerely,

Miriam Contreras
HR Specialist
mcontreras@hartnell.edu
Fax: (831) 755-6937