

East San Gabriel Valley Regional Occupational Program and Technical Center

1501 Del Norte Street - West Covina, CA 91790 • (626) 962-5080 • FAX (626) 472-5145

REQUEST TO TRANSFER ACCUMULATED SICK LEAVE

TO FORMER:

School District

Address

State

Zip

FROM:

Employee Name

Last 4 Digits SSN

Please transfer the total amount of leave of absence for illness or injury to which I am entitled to under California Education Code Sections §44979 or §45202.

Forward this information to:

Human Resources
East San Gabriel Valley ROP/TC
1501 Del Norte Street
West Covina, CA 91790-2105
(626) 472-5131

Employee's Signature _____

Date

I _____ certify that _____
Print Name Authorized Official Employee's Name

is entitled to _____ hours of leave of absence for illness or injury under California Education Code Section § 44979 or § 45202.

Job Title of Authorized Official

() _____
Phone Number

E-mail

Signature of Authorized Official

Date

Cc: Payroll Office

Revised: October 18, 2018