



# ALHAMBRA

UNIFIED SCHOOL DISTRICT

1515 WEST MISSION ROAD  
ALHAMBRA, CA 91803  
626-943-6560

## OFFICE OF THE PAYROLL DEPARTMENT

I, \_\_\_\_\_ was employed by the  
(PLEASE PRINT)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

I request that my accumulated sick leave balance\* be certified and transferred to:

ALHAMBRA UNIFIED SCHOOL DISTRICT  
1515 WEST MISSION ROAD  
ALHAMBRA, CA 91803

ATTN: PAYROLL SERVICES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
**RESPONSE:**

This will certify that \_\_\_\_\_ SS# \_\_\_\_\_  
was employed by \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_. The above  
referenced employee's transferable sick leave balance is: \_\_\_\_\_  
hours / days as of \_\_\_\_\_.

Information provided by: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

**Note: Only forms with original authorized signature will be considered for sick leave balance transfers.**

\* Sick Leave Balance transfers are only applicable between public school districts within the state of California.