



FP Charter

Family • School • Community

P.O. Box 490 • Santa Maria, CA 93456 • (805) 348-3333 • fax (805) 348-3334 • www.fpcharter.org

REQUEST FOR TRANSFER OF SICK LEAVE

To:

_____ has been employed by Family Partnership Home Study Charter School
beginning _____.

Please have the employee charged with maintaining classified employee attendance records complete the requested information below and certify the total number of days accumulated, unused leave of absence for illness or injury in according with the Education Code Section 45202 to which the above named employee is entitled at the time he/shee left your office.

_____ Days of accumulated (earned but unused) leave of absence or injury.

_____ Date service began in transferring office.

_____ Date service terminated.

Authorized Signature of Transferring Office

Date

Authorized Signature of Requesting Office

Date

Please return this form to Family Partnership Charter School, PO Box 490, Santa Maria, CA 93456.