

The person(s) listed below will be employed by West Valley-Mission Community District. Please indicate the number of sick leave hours that this employee is eligible to transfer to West Valley-Mission.

_____	_____	Certificated (E.C. 87782)
_____	_____	Classified (E.C. 88202)

\_\_\_\_\_ Hours accumulated (earned but unused) leave of absence for illness or injury.  
 \_\_\_\_\_ Date service began in transferring district.  
 \_\_\_\_\_ Date service terminated.

Transferring District: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

I certify the above statement of accumulated sick leave to be true and correct.

Signed: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

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Please return to: West Valley-Mission Community College  
 District Human Resources  
 14000 Fruitvale Avenue  
 Saratoga, CA 95070-5698  
 Attention: Ruth Nadig or Tina Leech