



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

REQUEST FOR CERTIFICATION OF AMOUNT OF ACCRUED SICK LEAVE CREDIT FOR NEW CERTIFICATED EMPLOYEES

To _____
 District _____

 Address _____

 City State Zip _____

Date _____

Dear Personnel Director or Assistant Superintendent,

_____ has been employed by the Alum Rock Union Elementary District.
 First Name Last Name

This employee claims to have previously served in your district from _____ to _____.
 Mo/Year Mo/Year

Please have the officer or employee charged with maintaining employee attendance records certify the total number of days of accumulated unused leave of absences for illness or injury under Section 44979 or 45202 of the Education Code to which the above named employee is entitled at the time he/she left your district.

 Authorized School Official

 Title

VERIFIED ACCUMULATED DAYS TO TRANSFER

Number of Days _____	Authorized School Official _____
Title _____	Date _____

PLEASE RETURN THE ABOVE VERIFICATION TO:
 Alum Rock Union Elementary School District
 2930 Gay Avenue
 San Jose, California 95127
 Attention: Human Resources, Certificated Personnel
If you have any questions, please contact (408) 928-6806.