

# LOS ANGELES UNIFIED SCHOOL DISTRICT

## Accounting and Disbursements Division Payroll Administration

**ALBERTO M. CARVALHO**  
*Superintendent*

**PEDRO SALCIDO**  
*Deputy Superintendent*

**SAMAN BRAVO-KARIMI**  
*Chief Financial Officer*



**ERNIE THOMAS**  
*Controller*

**CHRISTA CRAWFORD**  
*Deputy Controller*

**ARACELI PINEDA**  
*Director of Payroll Administration*

This is to inform you that I have signed a contract of employment with the Los Angeles Unified School District in a position requiring certification of qualifications. I was formerly employed by your district from: \_\_\_\_\_ to \_\_\_\_\_.

During this employment, I accumulated benefits as a classified employee under Education Code Section 45191 permitting absence for illness or injury.

Please inform the Los Angeles Unified School District, as to the total amount of accumulated leave of absence for illness or injury to which I was entitled at the time of separation.

_____	_____	_____	_____
Last 4 Digits of Social Security Number	Employee Number	Employee Name	Date

Please return to [payrollvacation@lausd.net](mailto:payrollvacation@lausd.net) or mail to:  
Los Angeles Unified School District  
Payroll Services Branch  
P.O. Box 513307  
Los Angeles, CA 90051-1307  
Attn: Quotas Unit

Upon separation from classified service on \_\_\_\_\_, \_\_\_\_\_ was entitled to \_\_\_\_\_ days of leave  
Date Employee Name  
of absence for illness or injury. This benefit was accumulated under the provisions of Education Code Section 45191. I certify that this is a true and correct statement.

_____	_____
Name of verifier	Telephone number

_____	_____
Signature of verifier	Email address

\_\_\_\_\_  
District name

\_\_\_\_\_  
District address

### Note to Responding District:

1. This form must be signed by the officer of employee charged with maintaining official employee attendance records.
2. Form should be completed only for those former certificated employees who accumulated benefits under Education Code Sections 45191.
3. If employee was assigned to more than one position (i.e., day and evening) and accumulated separate benefits in each position, please do indicate and report each accumulation separately.