

LOS ANGELES UNIFIED SCHOOL DISTRICT

Accounting and Disbursements Division Payroll Administration

ALBERTO M. CARVALHO
Superintendent

PEDRO SALCIDO
Deputy Superintendent

CHRISTOPHER MOUNT-BENITES
Interim 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 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.