

LOS ANGELES UNIFIED SCHOOL DISTRICT

Accounting and Disbursements Division Payroll Administration

ALBERTO M. CARVALHO
Superintendent

PEDRO SALCIDO
Deputy Superintendent

DAVID D. HART
Chief Business Officer



JOY MAYOR
Controller

TIMOTHY S. ROSNICK
Deputy Controller

CHRISTA CRAWFORD
Director of Payroll Administration

Superintendent, _____ School District, _____

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.

Social Security Number

Employee Number

Employee Name

Date

Please return 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.

Date: _____

By: _____
Employee Name

Signature

Phone Number

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.