



LONG BEACH COMMUNITY COLLEGE DISTRICT

STATUTORY/EXTENDED ILLNESS LEAVE OF ABSENCE

LONG BEACH
CITY COLLEGE

After all paid leave (sick, vacation, compensatory) is used, Statutory Leave/Extended illness may be requested for absences due to illness or accident by submitting this form.

1. TO BE COMPLETED BY EMPLOYEE, PRINT OR TYPE:

Last Name		First Name		Initial		Employee ID #	
Home Address			City	State	Zip	Home Telephone	
Position			Work Location/Supervisor's Name		<input type="checkbox"/> Classified <input type="checkbox"/> Faculty <input type="checkbox"/> Management Team		
Dates of Leave			Employee Signature				Date

2. TO BE COMPLETED BY ATTENDING PHYSICIAN:

By signing this form, you are certifying that the employee is unable to work.				
Estimated date employee will be able to return to work:				
Physician Name (Print or Type)		Physician Signature		Date
Office Address		Office Telephone		
**Give to patient or mail to: Payroll Department, Long Beach City College, 4901 E. Carson Street, Long Beach, CA 90808				

3. PAYROLL DEPARTMENT

Sick Leave Ends mm/dd /yy				Statutory Leave Begins mm/dd/yy				
Statutory Hours Used This Fiscal Year		Remaining Hours Available		Payroll Manager				Date

4. HUMAN RESOURCES DEPARTMENT

<input type="checkbox"/> Statutory Leave Approved	<input type="checkbox"/> Statutory Leave Denied
Reason for Denial:	

A new request must be submitted if additional Statutory Leave is needed. After Statutory Leave is exhausted it will be necessary to apply for Leave Without Pay if additional time is needed.	
Human Resources	Date

Distribution: ___ Original to Personnel File ___ Copy to Employee ___ Copy to Payroll