

**LONG BEACH CITY COLLEGE ACADEMIC
EMPLOYEE SICK LEAVESHARING POOL
DONATION POLICY:**

This is a voluntary program and written authorization is required. All employee earned fully paid leaves such as sick leave and discretionary leave days must be used prior to using donated sick leave. ***LBCCFA will be the solicitor of requests for donations.***

1. An academic employee may donate sick leave to another academic employee who is unable to work because of a serious health problem or to the Sick Leave Pool. Maternity leave is excluded from participation.
2. The recipient of the donated leave must have a serious health problem that has or will cause him/her to miss 10 or more consecutive days of work with a physician's written notification (on file in the Human Resources Office) that the employee is unable to work.
3. Employees may donate to an individual or to the Pool no more than 40 hours of contract and/or hourly sick leave per fiscal year. These donations must be in increments of at least one hour.
4. Employees must preserve a minimum of 80 hours contract in their account, unless they are retiring.
5. Employees may donate 40 hours contract and/or 40 hours of hourly sick leave at the time of retirement or resignation in addition to whatever hours he/she had donated during the school year.
6. Employees may request a maximum of 135 hours existing in the shared pool per fiscal year (if fewer than 135 hours exist in the pool, they may request the entire amount). Additional contract and/or hourly sick leave may be donated through individual donation requests.
7. Donations to individuals will be credited to the designated employee. If the number of hours are donated beyond which the employee needs, the excess hours shall be donated to the Sick Leave Pool.
8. An LBCC REQUEST TO DONATE OR RECEIVE ACADEMIC SICK LEAVE Form must be completed. These forms are available online. Completed forms should be returned to the Sick Leave Sharing Committee Chair (LBCCFA President) for review and approval.
9. Upon approval by the Sick Leave Sharing Committee, a notification of approval will be sent by the committee to the Payroll Accounting Manager. Verification of the transfer of leave will be sent to the donor.
10. A Sick Leave Sharing database will be maintained by the Payroll Accounting Manager.
11. Any sick leave sharing issue that may arise but is not clearly defined above, will be subject to the decision of the Sick Leave Sharing Committee.

Approved by Academic Employee Sick Leave Sharing Committee: (LBCCFA President or Executive Board Designee, in addition to 2 other Representative Council members.

**LONG BEACH CITY COLLEGE ACADEMIC EMPLOYEE SICK LEAVE SHARING
REQUEST TO DONATE OR RECEIVE ACADEMIC SICK LEAVE**

| | | |
|---|----------------|---|
| DONATIONS OF SICK LEAVE | | |
| I wish to donate _____ hours of sick leave as follows: | | |
| | | hours of CONTRACT sick leave to _____ (employee name). (maximum of 40 hours contract leave per school year) |
| -And/Or- | | |
| | | hours of HOURLY sick leave to _____ (employee name). (maximum of 40 hours hourly sick leave per school year) |
| to the Academic Sick Leave Sharing Pool. | | |
| <i>I agree that if the individual above does not need all these hours, they shall be donated to the pool. Donations shall remain confidential.</i> | | |
| <input type="checkbox"/> | | |
| Print Your Name Above | Your Signature | Date |
| Employee ID# _____ | | |

| | | |
|--|--------------------------|---|
| REQUEST TO RECEIVE DONATED SICK LEAVE | | |
| | <input type="checkbox"/> | I wish to request _____ hours of contract sick leave from the Academic Sick Leave Sharing Pool. |
| | <input type="checkbox"/> | I wish to request _____ hours of hourly sick leave from the Academic Sick Leave Sharing Pool. |
| Reason for this request: (a confidential letter may be attached) | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Requestor's Printed Name | Signature of Requestor | Date |

| | | |
|---|----------------|------|
| NOTIFICATION TO SICK LEAVE COMMITTEE: (may be completed by anyone who knows of a leave problem) | | |
| The following employee _____ has nearly exhausted their paid leaves because of a serious health problem. I recommend that the Academic Sick Leave Sharing Committee consider this employee as a candidate for sick leave pool donations . | | |
| Recommended contract sick leave hours needed: _____ | | |
| Recommended hourly sick leave hours needed: _____ | | |
| Nature of serious health problem: _____ (a confidential letter may be attached) | | |
| Printed Name | Your Signature | Date |

Committee Approval () Yes () No Signature: _____
Print Name: _____ Date: _____

Return this request by email to ccalbccooffice@gmail.com and lbccfa.email@gmail.com

Lbccfa President (Sick Leave Committee Chair)