

**LONG BEACH COMMUNITY COLLEGE DISTRICT
CLASSIFIED EMPLOYEE SICK LEAVE SHARING
DONATION AND REQUEST FORM**

DONATION OF SICK LEAVE

I wish to donate _____ hours to:

the Sick Leave Sharing Pool

Employee/Recipient: _____

() Any unused hours will be returned to me

() Any unused hours will be donated to the Sick Leave Sharing Pool

Printed Name

Date

Signature

Date

REQUEST FOR SICK LEAVE

I am requesting _____ hours of sick leave from the Classified Sick Leave Sharing Pool.

The reason for this request is (a confidential letter may be attached) *

Printed Name

Date

Signature

Date

*This request must be accompanied by a doctor's prognosis for the employee to return to duty.

Return completed form to the sick Leave Sharing Committee c/o Human Resources

The request to donate sick leave hours has been _____ approved _____ denied

The request for sick leave hours has been _____ approved _____ denied

District Member

Date

LBCCE/AFT Member

Date