

## **LONG BEACH CITY COLLEGE ACADEMIC EMPLOYEE SICK LEAVE SHARING 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.

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 Personnel 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 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.
5. Donations to individuals will be credited to the designated employee. If a number of hours are donated beyond which the employee needs, the excess hours shall be donated to the Sick Leave Pool.
6. 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.
7. 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.
8. A Sick Leave Sharing database will be maintained by the Payroll Accounting Manager.
9. 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, Vice President, Chief Negotiator) and the Rep. Council.*

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

<b>DONATIONS OF SICK LEAVE</b>		
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)	
<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>		
_____ to the Academic Sick Leave Sharing Pool.		
Print Your Name Above Employee ID # _____	Your Signature	Date

<b>REQUEST TO RECEIVE DONATED SICK LEAVE</b>		
	I wish to request _____ hours of contract sick leave from the Academic Sick Leave Sharing Pool.	
	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

<b>NOTIFICATION TO SICK LEAVE COMMITTEE: (may be completed by anyone who knows of a leave problem)</b>		
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

**Return this request to: LBCCFA President (Sick Leave Committee Chair)**