



Long Beach Community College District Perfect Attendance Bonus Award

For AFT Classified Bargaining Unit
Fiscal Services / Payroll

You must complete this request form and have your supervisor/manager sign & verify in the lower section. You must return the completed & signed form to Payroll no later than September 15.

PRINT Employee Name: _____ Emp. ID# _____

Job Title _____ Department _____ LAC PCC

I am applying to participate in the District's Perfect Attendance Bonus Award program. I verify that I have not used sick leave or any leave charged to sick leave (example: Personal Necessity) for my complete fiscal year assignment. The bonus award for perfect attendance is \$300.00. I understand that this bonus amount is prorated for employees assigned less than 40-hours per week, 12 months. I also understand that in order to qualify for this bonus **I cannot substitute any other leave for sick leave in order to have a perfect attendance record.**

I did not use sick leave or any leave applied to sick leave for the entire past fiscal year: (July through June)

Employee Request for Fiscal Year: _____ / _____

**Late substitutions will not be allowed.
Forms received after September 15th will not be honored.**

Employee Signature: _____ Date _____

Supervisor / Manager Verification:

I have reviewed my attendance records for the above employee and do not find sick leave or any leave charged to sick leave by my employee during the previous July through June fiscal year. Please award the above requested Perfect Attendance Bonus Award to the employee.

Supervisor's / Manager's Signature _____ Date _____

PRINT Supervisor's / Manager's Name: _____

Department / School: _____

**Return this request to Payroll:
payrolldpt@lbcc.edu
or LAC, T-1024 (Mail Code: G-2)**