LONG BEACH PUBLIC SCHOOLS ANNUAL TURN IN OF UNUSED SICK DAYS CLASSROOM TEACHERS' ASSOCIATION – Group A

I	request to be paid in exchange for
(Please Print Name)	
sick days for the	school year.
Employee Signature	Date
*At the following rates: \$94.69/day effective 7/1/17, \$9 Payment made through employer funded 403(b) plan.	95.40 effective 7/1/18, \$96.12 effective 7/1/19.
Attendance:	
# of days in sick bank (must be more than	75)
# of days absent during school y	year (can not be more than 6)
# of sick days verified & deductedschool)	(maximum of 12)(+ 2 if worked summer
E. Zeppa, Sr.Keyboard Specialist Date	
Verify FM changes	
S. Familetti, Senior Personnel Clerk Da	nte
Payment:	
# of daysX rate per day	= \$
E. Stark, Data Administrator	Date
M. Natali, Asst. Superintendent for Personnel and Adn	Date
J. Hanechak, Accounting Supervisor	Date