



Long Beach Classroom Teachers Association Sick Day Request Form

Date _____

I _____ request ____ day(s) from the District Sick bank.
Print name Maximum 20 per application

I understand that such days must be used for absences for personal or family illness; that pregnancy will not be considered an illness unless a physician certifies that I am unable to come to work; that absences that are a result of an injury covered by Workers Compensation are not eligible; that days will be granted on a first-come, first-served basis, that in the event that more applications are received than days available, priority will be given to the member who has not previously received days and that in no event will I receive more than 200 days cumulatively.

Application to request days must be made in writing using this form.

Signature

Send completed form to:
President
Long Beach Classroom Teachers Association
239 Lido Blvd.
Long Beach, NY 11561

For office use only

Verification of sick day bank _____ as of _____
Days Date Signature

Moved from district sick bank _____ on _____
Days Date Signature

Copy sent to staff member on _____
Date

Copy sent to LBCTA on _____