

LONG BEACH PUBLIC SCHOOLS
ANNUAL TURN IN OF UNUSED SICK DAYS
Long Beach School Employees' Association – Group C

I _____ request to be paid in exchange for
_____ Sick days for the _____ school year.

Employee Signature _____ Date _____

Attendance:

of days in sick bank _____ (must be more than 75 as of June 30 of each year)

of days absent during _____ school year (can not be more than 50% of the respective annual allotment of sick days*)

of sick days verified & deducted _____

*Annual allotment is a maximum of 12 days for 10 month * 13 days for 12 month * 11 days for PT

Confidential Keyboard Specialist Date

Verify FM changes

Senior Personnel Clerk Date

Payment:

of days _____ X \$50.00 per day _____ = \$ _____

Administrative Assistant Date

Executive Director, Human Resources Date

Business Office Payroll Clerk Date