



Long Beach Classroom Teachers Association Sick Day Donation Form

Date _____

I _____ hereby donate ____ day(s) from my personal sick day bank
Print name Up to 12 days per school year
to the District Sick Bank. I understand that these days are irrevocable and will not be eligible for the annual turn-in of sick days or the Service Incentive.

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 to district sick bank _____ on _____
Days Date Signature

Copy sent to staff member on _____
Date

Copy sent to LBCTA on _____
Date

Scanned into file _____ Date _____
Signed