

**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: \$98.05/day effective 7/1/21, \$99.28/day effective 7/1/22, \$100.77/day effective 7/1/23, \$102.28/day effective 7/1/24, \$104.07/day effective 7/1/25
Payment made through employer funded 403(b) plan.*

403(b) Company _____ Account # _____

Attendance:

of days in sick bank _____ (must be more than 75)

of days absent during _____ school year (can not be more than 6)

of sick days verified & deducted _____ (maximum of 12)(+ 2 if worked summer school)

E. Zeppa, Sr.Keyboard Specialist Date

Verify FM changes

S. Familetti, Senior Personnel Clerk Date

Payment:
of days _____ X rate per day _____ = \$ _____

E. Stark, Data Administrator Date

M. Natali, Asst. Superintendent for Personnel and Admin Date

D. Kerimian, Assistant Business Manager Date