

LONG BEACH PUBLIC SCHOOLS

TRANSPORTATION DEPARTMENT ONLY

REQUEST FOR PAYMENT FOR UNUSED SICK DAYS

_____ request to be paid out for
_____(no more than 5) sick days for the _____ school year.

Employee Signature _____ Date _____

Attendance:

of sick days already taken in current school year _____
(Can not have used more than 5 sick days during the school year)

of sick days days verified & deducted _____

Confidential Keyboard Specialist Date

Verify FM changes

Senior Personnel Clerk Date

Payment:

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

Administrative Assistant Date

Executive Director, HR Date

Business Office Payroll Clerk Date