



Long Beach Classroom Teachers Association Sick Day Donation Form

Date _____

I _____ hereby donate ____ day(s) from my personal sick day bank to;
Print name Up to 12 days per school year

Please check one box.

Sick Bank Donation

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.

Targeted Donation

_____. If the day(s) listed above are not used by the member during the current school year they will be returned to my 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 if used.
Print member's name

Signature

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

Received by the president _____

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