

**LONG BEACH COMMUNITY COLLEGE DISTRICT
CLASSIFIED EMPLOYEE SICK LEAVE SHARING
DONATION AND REQUEST FORM**

DONATION OF SICK LEAVE

I wish to donate _____ hours to:

the Sick Leave Sharing Pool

REQUEST FOR SICK LEAVE

I am requesting _____ hours of sick leave from the Classified Sick Leave Sharing Pool.

The reason for this request is (a confidential letter may be attached) *

Printed Name

Date

Signature

Date

7 KLV UHTXHVW PXVW EH DFFRPSDQLHG E\ D GRFWRU¶V SURJQF

Return completed form to the sick Leave Sharing Committee c/o Human Resources

NOTE: