



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Sick Leave Donation Application



This form is to be used by Full-time or Part-time employees to request sick leave donations.

- Full-time employees may receive up to thirty (30) days of donated sick leave per fiscal year; and may receive no more than one hundred (100) days of donated sick leave in total (lifetime maximum).
- Part-time Faculty may receive up to thirty-six (36) hours of donated sick leave per fiscal year; and may receive no more than seventy-five (75) hours of donated sick leave in total (lifetime maximum).
- Allowable donations to part-time Classified are determined/prorated based on assignment.

Complete form and return to HR Benefits Office, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568. For questions about sick leave donation, please call the HR Benefits Office at [925.485.5505](tel:925.485.5505) or [925.485.5504](tel:925.485.5504).

(Please Print)

Date: ____/____/____

SSN or W#: _____

Print Name: _____
(Last) (First) (Middle)

Location: Chabot College Las Positas College District Office

Category:

- Full-time Faculty Classified Administrator
 Part-time Faculty Confidential/Supervisory

Current Number of Sick Leave Days on Account: _____

Estimated Number of Sick Leave Days Needed: _____

I hereby authorize my physician to provide the requested information in the Physician's Statement.

Employee's Signature: _____ Date: ____/____/____

PHYSICIAN'S STATEMENT:

Please provide the following information or attach a physician's work status report

- | | |
|---|---|
| <input type="checkbox"/> Terminal Illness | <input type="checkbox"/> Serious Illness, please provide:
Estimated duration of illness _____
Estimated date to return to work: _____ |
|---|---|

Physician's Signature: _____ Date: ____/____/____

Reference: Article 11A.7 – Faculty Agreement; SEIU Agreement 17.2.7 ; CLPCCD AP 7345