

LINN BENTON COMMUNITY COLLEGE  
**PART TIME FACULTY SICK LEAVE USED**  
**FOR WORKLOAD CREDIT EQUIVALENT SCHEDULES**

Course #	CRN	Day	Date	Sick Leave Used *	FFCRA	Total Contact Hours Missed

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**IMMEDIATE SUPERVISOR SIGNATURE**

Comments: \_\_\_\_\_

\_\_\_\_\_  
 This section to be completed by department/employee. Please print or type.

NAME: \_\_\_\_\_  
 (Last, First)

ID #: \_\_\_\_\_

POSITION #: \_\_\_\_\_

FOAPAL:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
                  FUND                    ORG                    ACCT                    PROG

FOR PAYROLL USE ONLY	
SH1	
SLC	

last revised 4/7/20

\*Subject to availability of sick leave; sick leave accruals will not be reduced below zero.