

Peralta Community College District

ANNUAL DESIGNATION FORM-Oakland Paid Sick Leave

School Year:			
		Employee First and Last Name:	
		ID #:	
Job Title:			
Department/College:			
Home Address:			
Phone Number:			
Email Address:			
I	designate		
DESIGN	NATION INFORMATION		
First and Last Name:			
Home Address:			
Phone Number:			
Email Address:			
Relationship:			
Emp	loyee Signature		
 Dat	e Signed		