

Request to Donate Sick Leave

AN EMPLOYEE WISHING TO DONATE SICK LEAVE DAYS TO ANOTHER DISTRICT EMPLOYEE SHALL SUBMIT THIS COMPLETED FORM TO THE SUPERINTENDENT/DESIGNEE.

DONOR'S NAME: _____ **SCHOOL/WORK SITE:** _____

SOCIAL SECURITY/EMPLOYEE IDENTIFICATION NUMBER: _____

NUMBER OF SICK LEAVE DAYS I WISH TO DONATE: _____

***NOTE:** The number of days donated may not reduce the donor's accumulated sick leave balance to less than fifteen (15) days.*

NAME OF DISTRICT EMPLOYEE TO WHOM I WISH TO DONATE DAYS: _____

Donor's Signature *Date* *Time*

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

- The employee to whom sick leave days are to be donated
 - is eligible
 - is not eligible to receive the donated days (explain) _____.
 - The donating employee's sick leave balance will fall below fifteen (15) days.
 - YES
 - NO
 - The receiving employee suffers from a catastrophic loss to his/her personnel or real property due to either a natural disaster or fire that either has caused or will likely cause the employee to be absent for at least 10 (ten) consecutive working days.
 - YES
 - NO
 - All donated days remaining
 - after the need has been met
 - at the conclusion of the current school year
 - after the need has been met and/or at the conclusion of the current school
 - other _____
- shall be returned to the donor(s) on a
- proportionate/pro-rated basis
 - on a first-in/first-out basis
 - other (explain) _____.

Signature of Superintendent/designee *Date*

Review/Revised:1/12/1999