

TULSA PUBLIC SCHOOLS
DIVISION FOR HUMAN RESOURCES

REQUEST TO DONATE SICK LEAVE

I am requesting to donate _____ sick leave day(s) to
number

Receiving Employee

_____ an employee at

TPS ID #

School or Department

I understand that the days donated will be transferred from my
accumulated sick leave.

Print Name of Donating Employee

TPS ID #

Signature

Building and Assignment

Date

SUBMIT FORM TO PAYROLL DEPARTMENT