

Request to Donate Sick Leave

AN EMPLOYEE WISHING TO DONATE SICK LEAVE DAYS TO ANOTHER DISTRICT EMPLOYEE SHALL SUBMIT THE COMPLETED TOP PORTION OF THIS FORM TO THE CENTRAL OFFICE. THE RECEIVING EMPLOYEE SHALL BE RESPONSIBLE FOR PROVIDING ANY REQUIRED STATEMENT OF NEED CERTIFIED BY A LICENSED PHYSICIAN.

NAME: \_\_\_\_\_ SCHOOL/WORK SITE: \_\_\_\_\_

SOCIAL SECURITY/EMPLOYEE IDENTIFICATION NUMBER: \_\_\_\_\_

NUMBER OF SICK LEAVE DAYS I WISH TO DONATE: \_\_\_\_\_

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

DISTRICT EMPLOYEE TO WHOM I WISH TO DONATE DAYS: \_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature* *Date*

**TO BE COMPLETED BY CENTRAL OFFICE DESIGNEE:**

The employee to whom sick leave days are to be donated  is eligible  is not eligible to receive the days based on the following criteria.

Check each requirement that is met:

- The donating employee's sick leave balance will not fall below fifteen (15) days.
- The receiving employee suffers from a catastrophic loss to his/her personal 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 ten (10) consecutive working days; and/or
- The receiving employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
- As appropriate, the receiving employee's need for the absence and use of sick leave are certified by a licensed physician (as attached).
- The receiving employee has exhausted his/her accumulated sick leave and any other paid leave granted by the Board.
- The receiving employee has complied with the District's policies governing the use of sick leave.

\_\_\_\_\_  
*Signature of Superintendent/designee* *Date*  
Review/Revised: 10/23/00