

Request to Receive Donated Sick Leave

AN EMPLOYEE REQUESTING TO RECEIVE DONATED SICK LEAVE MUST MEET ALL OF THE ELIGIBILITY CRITERIA LISTED BELOW AND MUST FILE THIS FORM WITH THE SUPERINTENDENT/DESIGNEE.

Name of Receiving Employee (Print Please) _____

School/Work Site _____

Employee Identification Number _____

ELIGIBILITY CRITERIA TO BE VERIFIED BY SUPERINTENDENT/DESIGNEE

- 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.
- The receiving employee has completed and returned the “Request to Receive Donated Sick Leave” form and, when the reason can be certified medically, attached to this form a statement from a licensed physician certifying the need for the absence and use of leave.
- 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.

I certify that the above-mentioned criteria have been met by this employee.

Superintendent/designee’s Signature

Date

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Leave shall be granted as follows:

- Entire/successive days
- Partial/successive days
- Intermittent leave
- Entire days, intermittent leave
- Partial days, intermittent leave
- Other (explain) _____

Review/Revised:10/6/14