

Request to Donate Sick Leave

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

NAME: _____ **SCHOOL/WORK SITE:** _____

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. Employee's may only donate up to twenty (20) days at a time and may only donate a total of forty (40) days per school year. Any unused days at time of return to work will be returned to employees in order of donation and by number of days donated. Days can only be donated while employees are on medical leave. In order for donated days to be rolled over into the receiving employee's account, the donated days must be received in the Personnel Department before the employee becomes inactive. An employee becomes inactive after the last sick or personal day is used.

DISTRICT EMPLOYEE TO WHOM I WISH TO DONATE DAYS: _____

Donating Employee's Name Print Please

Donating Employee's Number

Employee's Signature

Date

Notary Signature

Commission Expiration 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 below 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.
- _____ 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