



POCATELLO/CHUBBUCK SCHOOL DISTRICT 25

LEARNING TODAY FOR THE POSSIBILITIES OF TOMORROW

SICK LEAVE BANK DONATION FORM

As per Article 4.2.8 of the Negotiated Agreement, I understand that I may donate up to 20% of my accumulated sick leave to the Sick Leave Bank.

Employee SSN / ID	Employee Name

CALCULATION OF SICK LEAVE TO BE DONATED TO THE BANK

A. Number of accumulated Sick leave days:	
	x 0.20
B. Maximum days to be contributed to the bank:	

I wish to donate _____ Sick Leave Days to the bank.

(Signature)

Please return this completed form to: Education Center: Human Resources
3115 Pole Line Rd
Pocatello, ID 83201

Approved by: _____ Date: _____