

Request to Receive Donated Sick Leave

AN EMPLOYEE REQUESTING DONATED SICK LEAVE DAYS MUST MEET ELIGIBILITY CRITERIA LISTED IN 03.1232 AP.21 AND MUST FILE THIS FORM WITH THE SUPERINTENDENT/DESIGNEE. EMPLOYEES REQUESTING DONATED DAYS SHALL BE RESPONSIBLE FOR PROVIDING ANY REQUIRED STATEMENT OF NEED CERTIFIED BY A LICENSED PHYSICIAN.

NAME OF REQUESTING EMPLOYEE _____

SCHOOL/WORK SITE _____

SOCIAL SECURITY/EMPLOYEE IDENTIFICATION NUMBER _____

I hereby give my permission to the Superintendent/designee to notify District employees of my need for the use of donated sick leave days, including a general description of the reason for the need.

Employee's Signature *Date*

I certify that the required criteria have been met by this employee and that his/her name and a general description of the reason for need will be given to supervising administrators for circulation to District employees.

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) _____

Any sick leave not used shall be returned on a proportionate/pro-rated basis to employees who donated days.

Review/Revised:9/16/02