Request to Donate Sick Leave

AN EMPLOYEE WISHING TO DONATE SICK LEAVE DAYS TO ANOTHER DISTRICT EMPLOYEE SHALL SUBMIT THIS COMPLETED FORM TO THE SUPERINTENDENT/DESIGNEE.

DONOR'S NAME: _____ SCHOOL/WORK SITE: _____

EMPLOYEE IDENTIFICATION NUMBER: _____

NUMBER OF SICK LEAVE DAYS I WISH TO DONATE: _____

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

NAME OF DISTRICT EMPLOYEE TO WHOM I WISH TO DONATE DAYS: _____

_____ _____ _____

Donor's Signature ***D***ate Time

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

- The employee to whom sick leave days are to be donated
  - ☐ is eligible
  - ☐ is not eligible to receive the donated days (explain) _____.
- The donating employee's sick leave balance will fall below fifteen (15) days.
  - ☐ YES
  - ☐ NO
- The receiving employee suffers from a catastrophic loss to his/her personnel 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 10 (ten) consecutive working days.
- ☐ YES
- ☐ NO
- All donated days remaining
  - ☐ after the need has been met
  - ☐ at the conclusion of the current school year
  - ☐ after the need has been met and/or at the conclusion of the current school
  - ☐ other _____

  shall be returned to the donor(s) on a
  - ☐ proportionate/pro-rated basis
  - ☐ on a first-in/first-out basis
  - ☐ other (explain) _____.

_____ _____

Signature of Superintendent/designee ***Date***

Review/Revised:6/30/09