

REQUEST FOR DONATED SICK LEAVE
(03.1232, HCAR 03.1232)

DATE: _____

EMPLOYEE NAME: _____

SCHOOL: _____

REQUEST: _____

I HEREBY GIVE THE PERSONNEL DEPARTMENT PERMISSION TO COMMUNICATE MY STATUS AND NEED (FOR DONATED SICK LEAVE) TO OTHER DISTRICT EMPLOYEES.

SIGNATURE

SOCIAL SECURITY NUMBER (FOR VERIFICATION ONLY)

RETURN WRITTEN REQUEST TO THE
ASSOCIATE SUPERINTENDENT FOR HUMAN RESOURCES
HARDIN COUNTY SCHOOLS
65 W.A. JENKINS RD.
ELIZABETHTOWN, KY 42701

SICK LEAVE DONATION AFFIRMATION

I understand that I am **NOT** to personally contact any employee in regards to the donation of days to me, to do so would be considered coercion. By personally contacting another employee in regards to my need of days, I would be violating the sick leave donation policy (Certified 03.1232 and HCAR 03.1232; Classified 03.2232 and HCAR 03.2232). Violation of the sick leave donation policy in this manner will result in my being disqualified from receiving donated sick days.

Signature

Employee #

Date