



JOSHUA INDEPENDENT SCHOOL DISTRICT
Donation for Catastrophic Illness Sick Leave Pool

I (print name) _____ hereby donate, irrevocably and by
voluntary action my local sick leave days to the sick leave pool established for _____.

I wish to donate the following:

_____ 1 Day

_____ 2 Days

_____ 3 Days

I have read and understand the JISD Sick Leave Pool Policy (DEC local) and procedures for the donation of days to the sick leave pool.

Signature of Donor

Date

– Deliver this form to the Human Resources Department –

Received by _____ on _____ at (time) _____ am / pm.