



EMPLOYEE DISPOSITION OF DAYS INTO SICK LEAVE BANK

Per the KISD Sick Leave Bank Guidelines, employees leaving or retiring from Kilgore ISD may contribute up to twenty (20) days of unused local or state leave to the Sick Leave Bank.

Employee Name: _____ Employee ID: _____

AUTHORIZATION:

I authorize Kilgore Independent School District to deduct _____ total days of:

Local Leave - _____ # of days

State Leave - _____ # of days

from my accrued balance and transfer these donated days to the KISD Sick Leave Bank. I understand that after donating these days, they will be the permanent property of Kilgore ISD.

Date of Withdrawal: _____

Employee Signature: _____ Date: _____