

Lake Dallas ISD
Sick Leave Pool
Donor Form

This is a request to donate local leave days to a Sick Leave Pool established for:

_____ at _____
(Name of recipient) **(Campus)**

This request is for voluntary contributions of local sick leave to assist an employee suffering from a catastrophic health condition.

Donations: Individuals may donate a maximum of 2 local leave day(s) per school year. Only those individuals who have completed at least 12 months of employment with the District prior to September 1 of the current school year are eligible to donate to a Sick Leave Pool.

Donated leave will be applied to an individual sick leave pool in the order in which donor forms are received. Once pledged, donated days are not available to the donor unless and/or until it is determined that they are not needed for the Sick Leave Pool for which they were donated. The donated days will be documented in the order in which they are received. Unused days will be returned to the donors based on the documented sequence in which the days were donated.

Days pledged but not used by the recipient will be returned to donors at the end of the school year.

Pool Termination: A pool shall cease to exist when the employee no longer needs leave for the purpose requested, uses the maximum number of days allowed under a pool, or exhausts all leave days donated to the sick leave pool. A Sick Leave Pool is terminated at the end of the school year (June 30) regardless of whether the pledged days for that pool have all been used.

Number of Days Granted: An employee may be granted up to the maximum number of days contributed to the pool, not to exceed 30 days per pool year (July 1 through June 30). A request for additional SLP's may be considered if there is a continuing need. The maximum number of days that will be granted for any employee during the duration of their employment with the District is 60 days.

Please Print

Name of employee making contribution: _____

Social Security Number: _____

Campus: _____

Amount of local leave days contributing for this sick leave pool: ____ (Max. of 2 days)

Signature of Employee: _____

Date: _____

Please send completed form to:
Karla Landrum, Executive Director of Human Resources
LDISD Central Services Building