



PEASTER INDEPENDENT SCHOOL DISTRICT
HOME OF THE GREYHOUNDS

SICK LEAVE POOL DONATION FORM

Contributions to the pool must be in units of eight [8] hours/ full day increments. A terminating employee may donate their entire accrued local leave balance. Once hours are contributed, they cannot be restored.

Employee Authorization

I have read carefully and fully understand the rules for Sick Leave Pool. I authorize the Office of Human Resources to submit this form through Payroll for deduction of the specified number of days from my local sick leave or state personal balance.

----- SIGNATURE OF EMPLOYEE	----- ASSIGNMENT	----- DATE
_____ PRINT NAME	_____ PHONE NUMBER	_____ EMAIL

Number of **local** hours/ days I want to contribute : _____

Number of **state** hours/ days I want to contribute : _____

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HUMAN RESOURCES DEPARTMENT USE

The Business Office is responsible for deducting the contribution from the employee's balance and will retain a copy for records.

This request for a sick leave pool donation is () approved or () not approved.

Effective date: _____

HUMAN RESOURCES DESIGNEE