

SANTA MARIA INDEPENDENT SCHOOL DISTRICT

REQUEST FOR SICK LEAVE POOL

Please complete this form and return via email to:
The Office of Human Resources * HR@SMISD.NET

DATE OF REQUEST: _____

NAME OF EMPLOYEE REQUESTING SICK LEAVE POOL: _____

LAST FOUR OF SSN: _____

CAMPUS/DEPARTMENT: _____ ASSIGNMENT/POSITION: _____

TELEPHONE: _____ EMAIL: _____

REASON FOR REQUEST OF SICK LEAVE POOL:

Signature of Employee: _____ Date: _____

As per Local Policy (DEC), An employee who has exhausted all paid leave and who suffers from a catastrophic illness or injury or is absent due to the catastrophic illness or injury of a member of the employee’s immediate family may request the establishment of a sick leave pool, to which District employees may donate local leave and state for use by the eligible employee.

As per District Procedure, the donation of local and/or state leave shall be deducted from the donating employees leave balance. Any unused donated leave shall revert to the donor when the employee returns to work.

<p>Office of Human Resources Use Only</p> <p>Sick Leave Pool Approved: _____</p> <p>Sick Leave Pool Denied: _____</p> <p>Notified Employee via:</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> In Person</p> <p>Administrator Signature: _____ Date: _____</p>
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CC: Payroll Department and Employee Medical File