

SANTA MARIA INDEPENDENT SCHOOL DISTRICT

DONATION FOR SICK LEAVE POOL

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

DATE OF DONATION: _____

NAME OF EMPLOYEE DONATING DAYS: _____

LAST FOUR OF SSN: _____

CAMPUS/DEPARTMENT: _____ ASSIGNMENT/POSITION: _____

TELEPHONE: _____ EMAIL: _____

TOTAL LOCAL DAYS BEING DONATED _____ (FULL DAYS – MAXIMUM THREE (3) DAYS

TOTAL STATE DAYS BEING DONATED _____ (FULL DAYS – MAXIMUM TEN (10) DAYS

Signature of Employee: _____ Date: _____

NAME OF EMPLOYEE TO WHICH DAYS ARE TO BE DONATED: _____

CAMPUS/DEPARTMENT: _____

POSITION: _____

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 and state leave 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>Local Days Issued: _____</p> <p>State Days Issued: _____</p> <p>Administrator Signature: _____ Date: _____</p>
--

Cc: Payroll Department and Employee Personnel File