Community ISD Request for Sick Leave Donation

(Send completed form to HR)

Employee _____ Employee ID# _____

Campus/Dept _____

I have exhausted all state, local and compensatory leave. I am requesting that the District publish my need for additional sick leave days.

The total number of days I require is _____ (maximum of 30).

The date(s) on which the donated days are to be used are

(Beginning Date) _____ through (Ending date) _____.

I understand that donated days may be used for sick leave purposes only and apply only to catastrophic or pregnancy related situations.

_____ _____

Employee's Signature Date

Approved _____ Disapproved _____

Note:

_____

_____

_____ _____

Approval (Superintendent's Signature) Date

*Sick Leave Donation Requests will be sent to your campus or department first. If more leave days are needed, the notice will be published district wide.