



As stated in the Employee Handbook Personnel Policy 2.17-Leaves, I, _____,
(Print Name)
am requesting the District allow donation of sick time from other staff.

- I understand that only one approved request is allowed for the duration of my employment.
- I have provided medical documentation as required by the District including a written statement from my physician documenting my ability to perform job responsibilities and my expected date of return to work.
- I understand that my prior attendance record will be reviewed and taken into account before a decision is made.
- I understand the Superintendent's decision is final and I have no right to appeal the decision.
- I understand the maximum number of sick leave days I may receive from other employees is thirty (30) prorated per my FTE status.
- I understand the District will keep my information confidential and will not share my name and the details of my request with other employees.

Have you requested and been approved to receive sick leave donations before? _____

Signature: _____ Date: _____

Approved: _____ Date: _____
Director of Human Resources