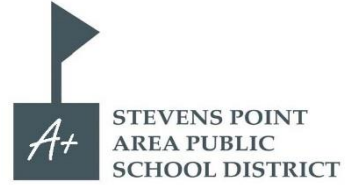


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Human Resources
Bliss Educational Services Center
1900 Polk Street, Stevens Point, WI 54481
Ph: (715) 345-5455 Fax: (715) 345-7362



As stated in the Employee Handbook Personnel Policy 2.17-Leaves, I _____
(Print Name)

am donating _____ sick leave hours (circle one) in response to the request dated _____.

- I understand that my sick leave balance will be reduced and recorded in my ERMA account by the number of hours donated.
- I understand that any sick leave donated becomes the sole property of the recipient.
- I can donate a maximum of 2 sick leave days/16 sick leave hours (pro-rated per my FTE status) per request.
- I understand the District will keep my information confidential and will not share my name and the details of my donation with other employees.

Signature: _____ Date: _____
Employee

Approved / Not Approved: _____ Date: _____
Director of Human Resources

OFFICE USE ONLY

Time off request not needed: _____

Received and used _____ (#of days/hours): _____