KILGORE
Independent School District

# EMPLOYEE DISPOSITION OF DAYS INTO SICK LEAVE BANK

*Per the KISD Sick Leave Bank Guidelines, employees leaving or retiring from Kilgore ISD may contribute up to twenty (20) days of unused local or state leave to the Sick Leave Bank.*

Employee Name: _____ Employee ID: _____

**AUTHORIZATION**:

I authorize Kilgore Independent School District to deduct _____ total days of:

- ☐ Local Leave - _____ # of days
- ☐ State Leave - _____# of days

I transfer these donated days to the KISD Sick Leave Bank from my accrued balance. I understand that after donating these days, they will be the permanent property of Kilgore ISD.

Date of Withdrawal: _____

Employee Signature: _____ Date: _____