Request to Donate Sick Leave

A staff member wishing to donate sick leave days to the District Sick Leave Bank will complete this form and submit it to the district office.

Name: _____

School/Work site: _____

Number of sick days I wish to donate: _____

_____ _____

Donating staff member's name (please print) *Donating staff member's phone number*

_____ _____

Staff member's signature *Date*