SCAPPOOSE SCHOOL DISTRICT

Confidential/Administrator Sick Leave Pool Enrollment Form

The purpose of the sick leave pool is to extend to member of the pool, additional sick leave days should an illness or injury occur as described in the Sick Leave Pool for Confidential and Administrators agreement. Sick leave donated to the pool must be received by the District Office on or before October 31.

I understand the sick leave pool may not exceed 150 days.

☐ I elect to participate in the Scappoose School District Sick Leave Pool and do hereby irrevocably authorize and contribute _____ work days (not to exceed 10% of current sick leave balance) of my accumulated sick leave to the Sick Leave Pool.

Signature: _____ Date: _____

Printed name: _____ Building: _____

Management of the sick leave pool will be the responsibility of Human Resources

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Office use only

Date received: _____