

**Request to Donate Sick Leave**

**AN EMPLOYEE WISHING TO DONATE SICK LEAVE DAYS TO ANOTHER DISTRICT EMPLOYEE SHALL SUBMIT THE COMPLETED TOP PORTION OF THIS FORM TO THE SUPERINTENDENT/DESIGNEE.**

**DONOR'S NAME:** \_\_\_\_\_ **SCHOOL/WORK SITE:** \_\_\_\_\_

**EMPLOYEE IDENTIFICATION NUMBER:** \_\_\_\_\_

**NUMBER OF SICK LEAVE DAYS I WISH TO DONATE:** \_\_\_\_\_

*NOTE: The number of days donated may not reduce the donor's accumulated sick leave balance to fewer than fifteen (15) days.*

**NAME OF DISTRICT EMPLOYEE TO WHOM I WISH TO DONATE DAYS:** \_\_\_\_\_

\_\_\_\_\_  
*Donor's Signature* *Date* *Time*

**TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE**

- The employee to whom sick leave days are to be donated
  - is eligible
  - is not eligible to receive the donated days (*Explain*) \_\_\_\_\_.
- The donating employee's sick leave balance will fall below fifteen (15) days.
  - YES
  - NO
- All donated days remaining
  - after the need has been met
  - at the conclusion of the current school year
  - after the need has been met and/or at the conclusion of the current school
  - other \_\_\_\_\_

shall be returned to the donor(s) on a proportionate/prorated basis.

\_\_\_\_\_  
*Superintendent/Designee's Signature* *Date*  
Review/Revised:7/20/2009