

## Sick Leave Donation Form

I, \_\_\_\_\_ would like to donate \_\_\_\_\_ days of my sick leave days

to \_\_\_\_\_. I understand that once I donate the days, they will not be returned to me and if the above staff person leaves before the donated sick leave is used, it will be put in a pool for future donations in accordance with my CBA or Board Policy.

CHECK ONE:            FT classified \_\_\_\_\_            PT classified \_\_\_\_\_            Licensed \_\_\_\_\_            Other see below

\_\_\_\_\_  
Donating Employees Signature

\_\_\_\_\_  
Date

Admin/Conf \_\_\_\_\_ Requires Superintendent's Authorization

\_\_\_\_\_  
Superintendent's Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FS024 (rev 03/16) W