

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 CENTRAL OFFICE.

NAME: _____ SCHOOL: _____

SOCIAL SECURITY NUMBER: _____

NUMBER OF SICK LEAVE DAYS I WISH TO DONATE: _____

NOTE: The number donated may not reduce the employee's accumulated sick leave balance to less than 15 days.

DISTRICT EMPLOYEE TO WHOM I WISH TO DONATE: _____

Employee's Signature

Date

TO BE COMPLETED BY CENTRAL OFFICE DESIGNEE:

The employee to whom sick leave days are to be donated is eligible is not eligible to receive the days based on the following criteria.

Check each requirement that is met:

- The donating employee's sick leave balance will not fall below fifteen (15) days.
- The receiving employee suffers from a catastrophic loss to his/her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days; and/or
- The receiving employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
- As appropriate, the receiving employee's need for the absence and use of sick leave are certified by a licensed physician **(as attached)**.
- The receiving employee has exhausted his/her accumulated sick leave and any other paid leave granted by the Board.
- The receiving employee has complied with the District's policies governing the use of sick leave.

Signature of Superintendent/HR Designee

Date