



Sick Leave Sharing Donation Form

Employee Information

Employee Name: _____

Position: _____

School Site/Department: _____

Employee Number: _____

I hereby donate _____ days/hours of my sick leave to share with a District employee who has been approved to receive sick leave in the sick leave sharing program. I understand that any sick leave not used will be returned to me on a pro-rated basis.

I certify that I was not coerced, intimidated or financially induced to donate sick leave for the sick leave sharing program.

Employee Signature

Date

District Verification and Approval

I certify this donation does not cause the employee's sick leave balance to fall below the yearly amount afford to them per their negotiated agreement.

Benefits Specialist Signature

Date

Approved

Denied

Chief Human Resource Officer Signature

Date