



STILLWATER PUBLIC SCHOOLS
HUMAN RESOURCES

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 _____ who has been approved to receive sick leave in the sick leave sharing program and is associated with my negotiated agreement below.

- SEA (Stillwater Educators Association)
- SESPA (Stillwater Education Support Professionals Association)

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 afforded to them per their negotiated agreement.

Benefits Specialist Signature

Date

- Approved
- Denied

Chief Human Resource Officer Signature

Date