As stated in the Handbook Section _____, I _____ (Print Name) am donating _____ sick leave **days/hours** (circle one) in response to the request dated _____.

□ I understand that my sick leave balance will be reduced and recorded in my ERMA account by the number of hours donated.

□ I understand that any sick leave donated becomes the sole property of the recipient.

□ I can donate a maximum of 2 sick leave days/16 sick leave hours (pro-rated per my FTE status) per request.

□ I understand the District will keep my information confidential and will not share my name and the details of my donation with other employees.

OFFICE USE ONLY

Signature:_____ Date:_____
                                          Employee

Approved / Not Approved: _____ Date:_____
                                 District Administrator/Designee