

**Request to Receive Donated Sick Leave**

**AN EMPLOYEE REQUESTING TO RECEIVE DONATED SICK LEAVE MUST MEET ALL OF THE ELIGIBILITY CRITERIA LISTED BELOW AND MUST FILE THIS FORM WITH THE SUPERINTENDENT/DESIGNEE.**

Name of Receiving Employee \_\_\_\_\_

School/Work Site \_\_\_\_\_

Social Security/Employee Identification Number \_\_\_\_\_

**ELIGIBILITY CRITERIA TO BE VERIFIED BY SUPERINTENDENT/DESIGNEE**

- 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 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.
- The employee has completed and returned the "Request to Receive Donated Sick Leave" form and, when the reason can be certified medically, attached to this form a statement from a licensed physician certifying the need for the absence and use of leave.
- The employee has exhausted his/her accumulated sick leave, personal leave, emergency leave, and any other paid leave granted by the Board.
- The employee has complied with the District's policies governing the use of sick leave.

*I hereby give my permission to the Superintendent/designee to notify District employees of my need for the use of donated sick leave days, including a general description of the reason for the need.*

|                                      |                      |
|--------------------------------------|----------------------|
| _____<br><i>Employee's Signature</i> | _____<br><i>Date</i> |
|--------------------------------------|----------------------|

*I certify that the above-mentioned criteria have been met by this employee and that his/her name and a general description of the reason for need will be given to supervising administrators for circulation to District employees.*

|   |                      |
|---|----------------------|
| _____<br><i>Superintendent/designee's Signature</i> | _____<br><i>Date</i> |
|---|----------------------|

**TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE**

Leave shall be granted as follows:

- Entire/successive days
- Partial/successive days
- Intermittent leave
- Entire days, intermittent leave
- Partial days, intermittent leave
- Other (explain) \_\_\_\_\_

Review/Revised:10/23/2000