

**SHERMAN INDEPENDENT SCHOOL DISTRICT
LOCAL SICK LEAVE DONATION FORM**
(Send completed form to the Human Resources Office)

An employee may, at his or her written request, donate any additional local sick leave, up to a maximum of five (5) days each year, to another employee who has exhausted all leave days due to a life-threatening illness or injury of self or a life-threatening illness or injury in the individual's immediate family.

From: Employee _____ Employee ID # _____
 Location _____
 To: Employee _____ I wish to donate _____ days
 Location _____

I understand that following guidelines govern donation of local sick leave to another district employee:

- A. Sick leave donations may be made in catastrophic situations only.
- B. Days shall be donated only for absences from working days and not for holidays or vacation days.
- C. Days donated will be transferred from the donating employee's sick leave record to the receiving employee's sick leave record.
- D. Days donated will be subtracted from the local sick leave days for the current school year.

Employee's (Donor's) Signature

Date

FOR OFFICE USE ONLY		_____ Approval _____ Disapproval
Local Sick Leave Balance	_____	
Number of Days Donated	(-) _____ (Maximum 5 days per year)	
Balance	_____	
_____ Payroll Clerk's Signature		_____ Date
Reason for Disapproval _____		

_____ Executive Director of Human Resources' Signature		_____ Date

SHERMAN INDEPENDENT SCHOOL DISTRICT
REQUEST FOR SICK LEAVE DONATION
(Send completed form to the Human Resources Office)

Name _____ Employee ID# _____

Campus/Program/Department _____

I have exhausted all accumulated state and local leave days. I am requesting that the Human Resources Office publish my need for additional sick leave days. The total number of days I require is _____.

The date(s) on which the donated days are to be used are _____ through _____.
Beginning Date Ending Date

I understand that donated days may be used for sick leave purposes only and for consecutive day absences in catastrophic (life-threatening) situations.

Employee's Signature

Date

Approval (Immediate Supervisor's Signature)

Date

Approved

Not Approved

Note:

Director of Human Resources

Date

**Sick Leave Donation Forms will be sent to your campus or department first. If more leave days are needed, the notice will be published district wide.*