



Voluntary Sick Leave Pool

DONATION FORM

Name _____
(Please print or type)

Building _____

Please refer to the Voluntary Sick Leave Pool Administrative Rules (GCBD-AR) for eligibility; process and guidelines.

To be eligible you must donate when you first join and then bi-annually (on odd years); e.g., you join in October of 2018 (and donate), you must donate in Oct. 2019 (odd year) to continue to be eligible for the 2019-20 school year. You will not have to donate in Oct. 2020 (even year).

I would like to participate in the "Voluntary Sick Leave Pool" and would like to donate the following day(s) of my sick leave to the pool.

One Sick Day (1)

or

Two Sick Days (2)

or

Three Sick Days (3)

I understand that this day(s) is subtracted from my sick leave balance at the time of application.

This form must be returned to the Human Resources Department by October 19, 2018 to participate in the Voluntary Sick Leave Pool. New hires have 30 days from date of hire.

Signature _____	
Employee ID _____	Date _____

cc: Personnel File
Payroll