

WEATHERFORD INDEPENDENT SCHOOL DISTRICT

SICK LEAVE DONATION FORM

Date _____

I, _____ donate _____ days (maximum of 3)
(Name of Donor) (Number of Days)

of my *local sick leave* to a sick leave pool for _____ .
(Name of Sick Leave Pool Recipient)

I understand that these days will belong only to the individual named above and may not be returned to my leave balance. The recipient will only be permitted to use these days for the recovery from this one time illness.

Name: (Please Print)

Name: (Signature)

For Office use only:

Available Leave: Yes No HR Office Manager: _____

Notes:

Completed forms should be forwarded to Tammie Byrd, HR Office, District Services Building.