

Central Community School System Sick Leave Bank Donation Form

Employee Name: _____ Employee ID: _____

School/Location: _____

An employee who wishes to donate his/her accumulated sick days shall be actively employed at least thirty-six (36) consecutive months prior to the date of the intended donation.

Only employees with a balance of more than twenty-five (25) sick leave days as of the date of the intended donation shall be permitted to donate to the Sick Leave Bank. No donation shall be permitted which causes the donor's sick leave balance to fall below twenty-five (25) days. A maximum of three (3) days may be donated in any fiscal year.

How many sick days do you wish to donate? _____

_____ I understand the days donated shall be permanently deducted
Initial from the total number of accumulated sick leave days I have
on the date the donation is approved. I understand the days
donated will not be returned or reimbursed to me.

_____ I have more than twenty-five (25) days of sick leave.
Initial

Employee Signature: _____ Date: _____

Your request for donation is Approved Denied

_____ Date: _____
Superintendent

**PLEASE RETURN COMPLETED FORMS TO:
CENTRAL COMMUNITY SCHOOL SYSTEM
CENTRAL OFFICE
ATTN: TRACY BARNES**