

## OFFICE OF HUMAN CAPITAL SICK LEAVE DONATION

**Application for Donated Sick Leave** 

The Sick Leave Donation Policy provides for one or more district employee(s) to donate sick leave to another district employee who has exhausted all other leave as a result of a catastrophic illness or injury of the employee or a member of the employee's immediate family. The receiving employee must be a member of the Sick Leave Bank. The employee donating a sick leave day (or days) is not required to be a member of the Sick Leave Bank. Donated sick leave shall be available for use by the recipient only during the fiscal year in which the donation was made.

Last Name First	Name	Employee ID Number
Street Address City,	State Zip Code	Home / Cell Phone Number
Street Address Gity,	State Zip Code	Home / Cent Home Number
Email Address		Date of Authorization
Current Position		School or Location
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I authorize the donation ofsick leave day(s) to a member of the Sick Leave Bank. I understand that this donation will be deducted from my accrued sick leave balance. I have read and understand the Sick Leave Donation Policy.		
Sick Bank Member's Name		Position
School or Department Location		
Employee's Signature		
FOR OFFICE USE ONLY		
Date Received in Human Capital Unit	Sick Bank Member	Verified ☐ Yes ☐ No
Member's Employee ID	Number of Donate	d Day(s) transferred
Payroll Processor		
Human Capital Signature		

Return completed form to: JPPSS Administration Building Office of Human Capital, Suite 1200 501 Manhattan Blvd, Harvey, LA 70058

All sick leave bank and donation forms are also available for electronic submission on the Employee Portal: <a href="http://ipschools.org/employees/forms/">http://ipschools.org/employees/forms/</a>.