

MESA PUBLIC SCHOOLS SICK LEAVE DONATION FORM

DIRECTIONS

Please read carefully the information below, sign and submit to the Assistant Superintendent for Human Resources. A copy of this form will be returned to you and to the employee receiving the donated sick leave.

Employee Name _____ Date _____

School/Department _____ EIN # _____

I desire to make a donation of sick leave and verify the following:

1. I have currently accrued thirty (30) or more days of sick leave.
2. I understand that I may donate no more than five (5) days of sick leave in any contract year.
3. I understand that my donated leave becomes the permanent property of the receiving employee and will not be returned to me if unused.
4. I understand that days of leave, not my actual wage/salary, will be donated.
5. I am not donating leave to my immediate supervisor or evaluator.
6. Information relative to this donation will remain confidential.
7. I make this donation voluntarily.

Number of Days To Be Donated _____

Employee To Receive Donated Days _____

I wish to have my name withheld from the person receiving this donation. *Please check.*

- Yes
 No

EMPLOYEE'S SIGNATURE

DATE

ASSISTANT SUPERINTENDENT OR DESIGNEE

Approved

Disapproved

DATE

Number of Accumulated Sick Leave Days _____