

**GLENDALE UNION HIGH SCHOOL DISTRICT #205
SICK LEAVE DONATION FORM**

Please read the information below carefully, sign and submit to the Human Resources Department.

Name _____ Employee Number _____ Location _____
Required

Employee number is located on upper left hand corner of payroll stub.
Last 4 digits of social security number may also be used.

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

1. I have currently accrued more than thirty (30) days of sick leave.
2. I understand that I may donate no more than five (5) days of sick leave in any contract year for more than three (3) years. Life time maximum is fifteen (15) days.
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.
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 _____

Number of Accumulated Sick Leave Days Before Donation _____

Number of Accumulated Sick Leave Days Remaining _____

Signature _____ Date _____

Assistant Superintendent of Human Resources _____

Approved Disapproved