

**Mahtomedi Public Schools**

**Sick Leave Donation Form**

I agree to donate sick leave hours, from my accrued sick leave, to the Sick Leave Donation Program. These hours will be donated to an eligible employee who has a catastrophic illness and has exhausted their accrued leave hours.

I understand that the hours I have donated will reduce my sick leave account balance by the number of hours I have donated. I have relinquished the rights to these hours and I understand that I may not reverse or cancel my donation.

I understand that this program is strictly voluntary and that neither the procedure, nor the program is subject to the respective grievance processes defined in the master agreement between the Mahtomedi Education Association and the Mahtomedi Public Schools and I do not hold the District liable for its enforcement.

**Authorization:**

I have read and understand the statements above and I currently have 50 days (400 Hours) or more of accrued sick leave.

I wish to make the following donation: \_\_\_\_\_ # of hours of sick leave donated  
1 day (8 hours) minimum,  
5 days (40 hours) maximum

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date