

**Central Community School System
Sick Leave Bank Donation Form
2009-2010**

Name: _____ Employee ID: _____

School/Location: _____

***Note: You must have 30+ days of accumulated sick days in order to donate**

Do you wish to donate sick days to an Employee or to the general sick leave pool?

Name of Employee: _____

How many days do you wish to donate? _____

_____ I understand the donated leave will not be returned or
Initial reimbursed to me; and any unused leave will be placed in the
General Sick Leave Pool for the Central Community School
System.

_____ I have more than thirty (30) days of sick leave.
Initial

Employee Signature: _____ Date: _____

Your request for donation is Approved Disapproved by the Committee

Approved: _____ Date: _____
Superintendent/Assistant Superintendent

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