



BOOK: Employee Handbook Administrative Guideline

PART: I – All Employees

SECTION: 9.09

TITLE: Accessing Employee Sick Leave Pool

Authorization for Contribution to Emergency Sick Leave Pool

Name of Employee _____

Social Security Number: _____ - _____ - _____

I have read and understand Employee Handbook Part I, Section 9.09 (Employee Emergency Sick Leave Pool) along with all Administrative Guidelines and desire to assist those employees who may incur major health problems by donating to the Employee Emergency Sick Leave Pool.

I hereby voluntarily contribute (check one):
_____ 1 Sick Day
_____ 2 Sick Days
_____ 3 Sick Days
_____ 4 Sick Days
_____ 5 Sick Days

As a donor, I hereby relinquish any and all subsequent claims to the sick leave being designated as a charitable contribution to the School District of Colby Employee Emergency Sick Leave Pool, and I acknowledge that each day contributed is irrevocably surrendered with my full knowledge of the reduction in the value of my post-retirement benefit.

Signed: _____ Date: _____



ACKNOWLEDGEMENT OF DONATION

I hereby acknowledge the receipt and record of the donation outlined above to the School District of Colby Emergency Sick Leave Pool.

Administrative Assistant – Payroll:

Signed: _____ Date: _____