

PUEBLO SCHOOL DISTRICT NO. 60

Sick Leave Bank Employee Donation Form

Employee Information:

| | | |
|--------------------|------------|-------|
| _____ | _____ | _____ |
| Last Name | First Name | M.I. |
| _____ | _____ | |
| Position | Location | |
| _____ | | |
| Employee ID Number | | |

This form is to request or decline donating one (1) day of my excused leave days to the Sick Leave Bank. I understand that the transfer of any excused leave to the Sick Leave Bank is irrevocable. I also understand that a minimum of one day of excused leave must be donated in order to qualify for membership in the Sick Leave Bank.

This is a one-time donation

This is an ongoing annual contribution until I request in writing that my contribution end.

I am declining membership in the Sick Leave Bank and understand that I am not eligible for membership until the next enrollment period of September 1st through September 30th.

I am retiring/resigning and wish to make a one-time contribution of _____ days (1-10) of my accumulated unused excused leave. (Pending Human Resources approval)

| | |
|-----------|--------------|
| _____ | _____ |
| Signature | Today's Date |