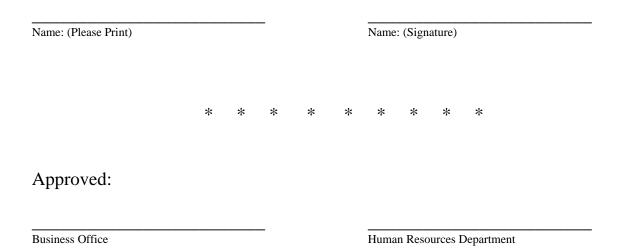
## WEATHERFORD INDEPENDENT SCHOOL DISTRICT

## DONATION OF SICK LEAVE

Date \_\_\_\_\_

I, \_\_\_\_\_ donate \_\_\_\_ days (maximum of 3) (Number of Days)

of my local sick leave to a sick leave pool . I understand that these days will belong only to an individual who has made a request to the Human Resources office for a sick leave pool and may not be returned to my leave time. The recipient will only be permitted to use these days for the recovery from this one time illness.



Please print a hard copy, complete the form, sign it, and send it through campus mail to the Human Resources Office if you choose to donate local leave days.