

# WEATHERFORD INDEPENDENT SCHOOL DISTRICT

## DONATION OF SICK LEAVE

Date \_\_\_\_\_

I, \_\_\_\_\_ donate \_\_\_\_\_ days (maximum of 3)  
(Name of Donor) (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.

\_\_\_\_\_  
Name: (Please Print)

\_\_\_\_\_  
Name: (Signature)

\* \* \* \* \*

Approved:

\_\_\_\_\_  
Business Office

\_\_\_\_\_  
Human Resources Department

**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.**