



CLASSIFIED SICK LEAVE POOL APPLICATION FORM

I, _____, hereby request Sick Leave Pool
Print Name

Days be transferred to me for my use. I understand that before this request can be honored, I must have used all of my accumulated discretionary, sick and vacation leave days.

An employee who has drawn from the Pool during the contract year, **shall contribute his/her next day of sick leave accrued after receipt of the grant to the Pool.** It is the responsibility of the employee to notify the Payroll Manager and the secretary of the Classified Sick Leave Pool Committee when the day has been donated.

I am applying for _____ hours of sick leave from the Classified Sick Leave Pool for the following reasons:

Employee Signature

Date

In the event the employee is physically incapable, a designee may complete this form for the employee and so indicate by signing below.

Designee

Date

*** Please return this form to the District Office once completed.**