



CLASSIFIED SICK LEAVE POOL DONATION FORM

I, _____, certify that I wish to donate
Print Name

one (1) day of leave to the Classified Leave Pool in return for membership to the
Classified Sick Leave Pool. This day will be taken from sick leave if available;
otherwise, it will be taken from discretionary leave.

Employee Signature

Date

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