



**CERTIFIED SICK LEAVE POOL DONATION FORM**

I, \_\_\_\_\_, certify that I wish to donate  
Print Name

\_\_\_one \_\_\_ two \_\_\_three day/s of leave to the Certified Leave Pool in return for membership in the Certified 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.**