**GCCAAA-E**

**Request to Donate Sick Leave**

**A staff member wishing to donate sick leave days to another district staff member will complete this form and submit it to the district office. The staff member requesting to receive will be responsible for providing any required statement of need by a licensed physician.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/Work site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of sick days I wish to donate: \_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *The number donated may not reduce the staff member’s accumulated sick leave balance to less than ten (10) days. Staff members may only donate up to twenty (20) days at a time, but no less than ten (10) days, and may only donate a total of forty (40) days per school year. Any unused days at the time of return to work will be returned to staff members in accordance with district policy. Days can only be donated to staff members who are currently on medical leave. The superintendent or his/her designee will have sole discretion to approve or deny all leave donation request.*

**District staff member to whom I wish to donate days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Donating staff member’s name (please print) Donating staff member’s phone number*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Staff member’s signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Notary signature Commission expiration date*

**TO BE COMPLETED BY DISTRICT OFFICE**

The staff member to whom sick leave days are to be donated □ is eligible □ is not eligible to receive the days based on the following criteria.

Check each requirement below that is met:

* The donating staff member’s sick leave balance will not fall below ten (10) days.
* The receiving staff members has been employed with the district for three consecutive years and suffers from a certified illness, injury, impairment, or pregnancy or related condition.
* *Option: The receiving staff member’s immediate family suffers from a certified illness, injury, impairment or pregnancy or related condition.*
* The receiving staff member’s need for the absence and use of sick leave are certified by a licensed physician (as attached).
* The receiving staff member has exhausted his/her accumulated sick leave and any other paid leave granted by the board.
* The receiving staff member has complied with the district’s policies governing the use of sick leave.