

# PUEBLO SCHOOL DISTRICT NO. 60

## Sick Leave Bank Employee Donation Form

Employee Information:

_____	_____	_____
Last Name	First Name	M.I.
_____	_____	
Position	Location	
_____		
Employee ID Number		

This form is to request or decline donating one (1) day of my excused leave days to the Sick Leave Bank. I understand that the transfer of any excused leave to the Sick Leave Bank is irrevocable. I also understand that a minimum of one day of excused leave must be donated in order to qualify for membership in the Sick Leave Bank.

- This is a one-time donation
- This is an ongoing annual contribution until I request in writing that my contribution end.
- I am declining membership in the Sick Leave Bank and understand that I am not eligible for membership until the next enrollment period of September 1<sup>st</sup> through September 30<sup>th</sup>.
- I am retiring/resigning and wish to make a one-time contribution of \_\_\_\_\_ days (1-10) of my accumulated unused excused leave. (Pending Human Resources approval)

_____	_____
Signature	Today's Date