

## **Rib Lake School District**

## DONATING SICK LEAVE FORM

In the event an employee has exhausted all paid vacation, sick and/or personal leave prior to qualifying for long-term disability coverage, and/or in the event of a life-threatening illness or extreme life circumstance, as determined by administration, other employees may donate sick leave days to said employee. The recipient of the donated sick leave will not exceed 30 days and the sick leave days will be paid at his/her current rate of pay. Requests to receive donated sick leave days must be submitted in writing to the district administrator using the Request for Compassionate Leave Days form. The district office will gather sick leave days if approved. Donated sick leave may be disbursed back to the employee at the discretion of the district administrator.

## Complete the form and submit to the District Office.

Donating Employee's Name: (p	rint)		
Voluntarily donates sick leave day(s) (number of days)			
Name of Recipient: (print)			
Donating Employee's Signature:		Date:	
For Payroll Use Only			
Date form received in district office:		Time:	
<ul> <li>Donating Sick Leave Approved</li> <li>Donating Sick Leave Denied - Reason:</li> </ul>			
Date day(s) recorded for donating employee:			
Date day(s) recorded for recipien	it:		
Payroll Signature	Date	District Administrator	Date
CC: Donating Employee			