



DONNA INDEPENDENT SCHOOL DISTRICT

Donation of Local Sick Days

To be completed by individual donating days:

Name (Official Name): _____

Employee ID: _____

Campus/Department: _____

Position: _____

Total Local Days Being Donated: _____ (full days – Maximum 5 days)

Signature of Employee: _____ Date: _____

Donation of local leave shall be deducted from the donating employees leave balance. Any unused donated leave shall revert to the donor when the employee returns to work. Donation of leave shall be taken in order of submission as needed.

Official Name of employee to which days are to be donated:

Name of Employee: _____

Campus/Department: _____

Position: _____

Days to be used for illness of:

- | | | | |
|-----------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Son-in-law | <input type="checkbox"/> Brother-in-law | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Sister-in-law | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Son | <input type="checkbox"/> Brother | <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Sister | <input type="checkbox"/> Parent-in-law | |

Other "immediate family" member: _____

For Office Use Only!

EMN (to be completed by the Human Resources Dept.): _____

Signature of HR Administrator: _____ Date: _____

☐ APPROVED

☐ DENIED

Signature of Superintendent: _____ Date: _____

This form must be forwarded to the Human Resources Office for FINAL approval from the Superintendent.