



# 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.*

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### 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: \_\_\_\_\_

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### *For Office Use Only!*

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

Signature of HR Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Deputy Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED

DENIED

Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

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