



ADMINISTRATIVE REGULATION
EXHIBIT

4161.9 E-1

VOLUNTARY DONATION OF SICK LEAVE

Any employee who meets the conditions enumerated in District Board Policy 4161.9/4261.9/4361.9, Catastrophic Leave Program, may elect voluntary donation of sick leave by completing a copy of the form indicated below.

Voluntary Donation of Sick Leave Acknowledgment

I, _____, hereby agree to donate _____ hours accumulated sick leave time earned by me to employee _____. I hereby agree that this donation is completely voluntary on my part, and I shall not hold the District responsible in any way if the donated sick leave is used or not used, by the designated employee.

I hereby agree that this donation of sick leave is irrevocable. This donation is made pursuant to the terms of Board Policy 4161.9/4261.9/4361.9 and Administrative Regulation 4161.9/4261.9/4361.9.

Employee's Signature: _____ Date: _____

Employee Number: _____ Site: _____

____ Certified _____ Classified _____ Administrative

Approval _____ Disapproval _____

Superintendent/Designee: _____ Date _____

FOR PAYROLL USE:

Sick Leave Hours Remaining: _____ Vacation Days Remaining: _____