



DONATION TO SICK LEAVE POOL

Name of Employee: _____

Social Security No.: _____

I wish to contribute _____ day(s) of my accrued sick leave to the Van Alstyne ISD Sick Leave Bank for

_____ (employee name). I realize that donated days are not recoverable.

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received ___/___/___

Date deducted from accrued sick leave ___/___/___

of days deducted _____

Completed by _____