



425 Yoctangee Parkway, Chillicothe, OH 45601
Phone: 740-775-4250

SICK LEAVE BANK DONATION FORM

As a Certified staff member you have the option of contributing your unused accumulated sick leave to the Certified Sick Leave Bank. Once you have donated one day to the sick leave bank, you maintain membership. Only those certified staff members who contributor to the bank may borrow from the bank. However, a member may donate additional days in any given year if he/she desires. The enrollment period is August 20th through September 14th annually.

Employee Name (Print)

Employee ID #

I agree to donate _____ day(s) to the district sick leave bank. I understand that the donated day(s) will be deducted and not returned to my accumulated sick leave balance. I understand that the day(s) donated will constitute my membership to the Certified Staff Sick Leave Bank.

Employee Signature

Date

The above named certified staff member has been approved by the Certified Sick Leave Bank Committee to donate _____ day(s) to the Certified Sick Leave Bank.

Committee Chairman

Date

____ Approved Form to Payroll Department

____ Approved Form to Sick Leave Bank Committee

____ Approved Form to Donor