



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

SICK LEAVE BANK DONATION FORM

As a Classified staff member you have the option of contributing your unused accumulated sick leave to the Classified Sick Leave Bank. Once you have donated one day to the sick leave bank, you maintain membership. Only those classified 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 Classified Staff Sick Leave Bank.

Employee Signature

Date

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

Committee Chairman

Date

_____ Approved Form to Payroll Department

_____ Approved Form to Sick Leave Bank Committee

_____ Approved Form to Donor