



CHILLICOTHE  
CITY SCHOOL DISTRICT  
425 Yoctangee Pkwy. Chillicothe, OH 45601  
Phone: 740-775-4250

### SICK LEAVE APPLICATION TO DONATE

I am a Classified staff member opting to allow *up to* seven (7) days of my accumulated sick leave days to be donated to the Sick Leave Donation Program.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee ID #

I agree to donate \_\_\_\_\_ day(s) to the Sick Leave Donation Program. I understand that the donated day(s) will be deducted and not returned to my accumulated sick leave balance. (Maximum amount allowed *per fiscal year, 7/1-6/30*, is 7 days).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

The above named Classified staff member has been approved by the Classified Sick Leave Committee to donate \_\_\_\_\_ day(s) to the employee stated above.

\_\_\_\_\_  
Superintendent or Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Date

Request Denied: \_\_\_\_\_

\_\_\_ Application form to Payroll Department

\_\_\_ Application form to Sick Leave Committee

\_\_\_ Application form to employee donating