

GCCG-EA

EXHIBIT

PROFESSIONAL / SUPPORT STAFF  
VOLUNTARY TRANSFER OF  
ACCRUED SICK LEAVE

REQUEST FORM

The following is to be completed and submitted to the payroll secretary prior to using any donated sick leave. The payroll secretary will forward the request to the Voluntary Sick Leave Donation Program Committee for their action.

Employee's Name: \_\_\_\_\_

Department/School: \_\_\_\_\_

Dates and number of donated days requested (cannot exceed sixty (60) days, six (6) hours equal one (1) day for certified staff).

Dates: \_\_\_\_\_ Total Days: \_\_\_\_\_

I verify I have met all of the following conditions:

- I have exhausted all of my accrued sick leave.
- I will not have used more than sixty (60) donated sick leave days for the fiscal year.
- I am not entitled to receive workmen's compensation or government disability benefits.
- Days requested will be used in compliance with District Sick Leave Policy.
- Give permission for this information to be submitted to staff to seek donors.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

.....  
Total Number of Days Donated: \_\_\_\_\_ @ \_\_\_\_\_ hours per day

\_\_\_\_\_  
Committee Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Approval

\_\_\_\_\_  
Date