

## Administrator's Shared Sick Leave Requesting or Donating Form

### *Requesting Leave Days*

Date \_\_\_\_\_

Name \_\_\_\_\_

I hereby request \_\_\_\_\_ days of sick leave be donated to me through the District's Sick Leave Sharing Program. Attached to this form is a medical certificate from a licensed physician or health care provider verifying the severe or extraordinary nature and expected duration of the condition.

I hereby certify, that to the best of my knowledge, I have previously abided by the District's leave policies, that the nature of the condition is such that I have used or will use all other leave available to me, and that the condition has caused or is likely to cause me to take leave without pay or to terminate employment.

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

Date \_\_\_\_\_

### *Donating Leave Days*

Date \_\_\_\_\_

Name \_\_\_\_\_

I hereby donate \_\_\_\_\_ days of my accumulated sick leave to \_\_\_\_\_

for that person's immediate use. I realize that any days not used will be returned to me.

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

Date \_\_\_\_\_

### **Return to superintendent**

District #001, Woods County, Oklahoma

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GCCBA  
(Exhibit)

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Adopted: June 03, 1996

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Legal Reference:

Cross Reference:

District #001, Woods County, Oklahoma

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