



Shawnee Public Schools

Sick Leave Sharing Program Donation Form

Today's Date _____ School Name/Site # _____

Name _____ SSN# _____

I hereby donate _____ days of my accumulated sick leave to (employee name) _____ for immediate use.

I understand that I may donate no more than ten (10) days of sick leave in a school year. My donation will not cause my sick leave balance to fall below thirty (30) days and any donated sick leave which is unused shall be returned to me at the end of the school year (June 30).

(Employee Signature)

(Date)

Send completed form to Central Office, Attention Human Resources.