

**PRESIDIO ISD**

**REQUEST FOR SICK LEAVE DONATION**

NAME \_\_\_\_\_

CAMPUS/PROGRAM DEPARTMENT \_\_\_\_\_

In accordance with DEC(LOCAL), I am in need of leave to cover an ongoing medical condition. I have exhausted all available state and local leave days including extended sick leave and request that a pool be established for days to be donated to me. I request that the Central Office publish district-wide my need for additional leave days. I believe I will need \_\_\_\_\_ donated leave days.

I understand that donated days may be used for sick leave purposes only. The following is a brief description of my need; I have attached a copy of my doctor's statement.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent (or designee)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Date