

SICK LEAVE BANK DONATION

I, _____, wish to donate one day to the District's sick leave bank.

I have read and agree to abide by the regulations in the Sick Leave Bank Policy, and I understand this day will be deducted from my personal accumulation of sick leave.

Signed: _____ Date: _____

This form must be submitted to the Superintendent's office no later than September 15 of any given school year.

Adopted: 8/12/03

Revised: 6/14/05

Akron School District, Akron, Colorado