

Wood County Schools Request for Approval to Solicit for Leave Donation
Refer to WCS Policy 4152

Name: _____ Employee ID #99600_____

Phone/Cell #: _____ School/Location/Department: _____

I am currently unable to perform my normal work duties due to the following reason:

I expect to be gone from my position until approximately _____ and will have exhausted all my accrued personal leave days before then. Please approve my absence as eligible for the leave donation program as allowed in county policy 4151.2.

Employee Signature

Date

For Administrative Use Only:

Employee is not a member of sick bank ☐

Employee not eligible or has exhausted their benefits from the sick bank ☐

Employee is eligible for Sick Bank and will ☐ will not ☐ have a 10 day waiting period

Assistant Superintendent

Date

Human Resources:

Approved ☐ Not Approved ☐ _____
Assistant Superintendent Date

Superintendent:

Approved ☐ Not Approved ☐ _____
Superintendent Date

Finance:

Last day of Paid Personal Leave: _____

Dates of Leave of Absence: _____ B/A Date: _____

Dates Paid by Sick Bank: _____

Dates of Leave of Absence - Extension(s): _____ B/A Date: _____