



Joint School District No. 8

72220 Fyant Street - Arlee, Montana 59821
(406) 726-3216 - FAX (406) 726-3940



Accessible
Responsive
Learning
Environment for
Excellence

Direct Sick Leave Donation Request

Employee Name: _____

School Year: _____

Number of sick leave hours you wish to donate: _____

Person to whom I am donating the hours: _____

By signing below, I acknowledge that I wish to donate the above number of hours from my available cumulated sick leave to the person stated above. I understand that by donating my sick leave hours, my cumulated available leave will be decreased accordingly, and I will forfeit any right to use those hours as I would be entitled to if I had kept my hours.

These sick leave hours are strictly a direct donation from one employee to another, and are not part of the sick leave bank. Please do not account for these hours through the sick leave bank.

I would like this to be an anonymous donation: _____ Yes _____ No

Signature: _____

Date: _____

For Office use only:

Date entered: _____

Donor Beginning Balance: _____

Donor Ending Balance: _____