

## **Sick Leave Bank**

Effective February 25, 2008, an employee of Deer Trail School District 26J who has accumulated over 10 (ten) days of Leave Time, may share or transfer Leave Time to another full-time employee of Deer Trail School District 26J provided that:

1. The employee sharing leave maintains a minimum of 10 (ten) full days of leave for their own use for the current school year at the time

Shared Leave Form is submitted.

2. Shared leave transfer between employees is for the purpose of extending paid leave time in the event of a personal illness or the illness of an immediate family member.
3. Days must be shared in increments of 1 (one) full day.
4. A maximum of ten (10) days can be transferred in one school year.
5. Transfer of leave is submitted to the Human Resource Office on an Anonymous Donation Shared Leave Form. Human Resource Office must sign and date the form acknowledging receipt to determine order of transfer in situations where multiple employees share with a single employee.
6. If Anonymous Donation Shared Leave Form is submitted, the Acceptance of Anonymous Donation Shared Leave Form must be completed for transfer of leave to be finalized.
7. Anonymous Donation Shared Leave Form must be approved by Superintendent.
8. Leave shared but not used will be returned back to donating employee.
9. Shared days will not be held or used for terminal leave purposes.

ADOPTED 2008

## ANONYMOUS DONATION - SHARED LEAVE FORM

I, \_\_\_\_\_, would like

Your Name

to anonymously share / transfer \_\_\_\_\_ day(s) of my

# of day(s)

own Accumulated Leave Time to \_\_\_\_\_

Employee Name

as of \_\_\_\_\_, 20\_\_\_\_.

Month/Date

_____	_____
Signature Employee Sharing Leave	Date

_____	_____
Signature Human Resource Office Received	Date/Time

_____	_____
Signature Superintendent	Date Approved

**ACCEPTANCE OF ANONYMOUS DONATION  
SHARED LEAVE FORM**

I, \_\_\_\_\_, agree to accept

Your Name

\_\_\_\_\_ day(s) of anonymous donation of

# of day(s)

Accumulated Leave Time as of \_\_\_\_\_, 20\_\_\_\_\_.

Month/Date

\_\_\_\_\_  
Signature Employee Accepting Leave

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Human Resource Office  
Received

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature Superintendent

\_\_\_\_\_  
Date Approved