

Request for Shared Sick Leave

Pursuant to the Employee Handbook, any full or part time employee of the District may request the transfer of accrued, earned sick leave to a District employee who is eligible to receive shared sick leave benefits. Please return this form to the Administration Office or email to chulleman@webster.k12.wi.us.

Please consider this a request for _____ (Please Print Name) to receive donated sick leave benefits from authorizing staff.

Brief description to support the request for sick leave benefits:

The sharing of sick leave is subject to the following limitations and conditions:

- A. Employees may be required to utilize all accrued leave before receiving sick leave.
- B. An employee receiving sick leave is eligible for up to 20 days of leave per fiscal year.
- C. Sick leave can be transferred in full or half day increments.
- D. Sick leave will be used on a rotating “first transferred - first used basis”.
- E. Sick leave will be deducted as needed; any unused time will remain on the donating employee’s balance.
- F. The authorizing employee must retain a minimum of five (5) days of sick leave.

Administration Approval:

This request was reviewed and approved.

Supervisor Signature: _____ Date: _____

District Administrator Signature: _____ Date: _____