

FAIRLAND BOARD OF EDUCATION		DEFA-E2
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LEAVE SHARING BANK FORMS

DONATION FORM

After exhausting all personal sick leave, an employee may request up to ten (10) days through the leave sharing bank. After using the initial ten (10) days, up to an additional ten (10) days may be requested from the leave sharing bank. The second request for assistance may be made and shall be granted upon verification of need by the superintendent.

When all sick leave days granted through the leave sharing bank are exhausted, the employee shall then be eligible for extended sick leave as specified by law.

I will donate one (1) day of sick leave to aid personnel to bear the hardship resulting from serious personal or immediate family illness or disability.

School Year _____ School _____

Employee _____

Employee's Signature

Date

REQUEST FORM

I am requesting _____ (number) sick leave days from the Leave Sharing Bank (limit 10). If additional days are still needed, up to ten (10) more days may be requested and shall be granted upon verification of need by the superintendent.

Reason for Request: _____

Date: _____ to _____

Employee _____ School _____

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Employee's Signature

Date