

Jamie Kinnarney, Superintendent of Schools
Anda Adams, Chief Academic Officer of MTSS
Rebekah Mortensen, Director of Special Services
Tara Weatherell, Business Manager
Raymond Ballou, Director of Technology
and Communications



461 Waterman Road, Royalton, VT 05068
Phone: 802-763-8840 Fax: 802-763-3235
www.wrvsu.org

Sick Leave Bank Donation Form

*(Enrollment may be submitted annually during the enrollment period or within
30 days of completion of the six month provisions period)*

The Sick Leave Bank provides sick leave for any teacher or staff who has used all of their accumulated sick leave days and has a serious illness or disability that prevents them from carrying out their duties and as is defined by the Family Medical Leave Act. Participation in the Sick Leave Bank is available to all full time regular employees with an accrued sick leave balance of at least 10 days. Days are calculated as hours effective July 1, 2024.

Section I. *(To be completed by the employee donating leave)*

Last Name: _____ First Name: _____

Position Title: _____ Phone # _____

I _____ voluntarily donate _____ days of my compensable sick leave to the Sick Leave Bank. I understand the days I donate will be deducted from my sick leave balance.

Employee Signature

Date

Section II. *(To be completed by the Office of Human Resources - Hours)*

Date Received: _____ Sick Leave Balance: _____ Available Balance _____

Request Approved: _____ Request Denied: _____

Reason for Denial:

Authorized Signature

Date

Serving the Schools and Communities of
Bethel - Chelsea - Granville - Hancock - Rochester - Royalton - Sharon - Stockbridge - Strafford - Tunbridge
