

SHARED SICK LEAVE FORM

This is to indicate my desire to immediately transfer sick days to the following person:

_____ a certified employee of the Pulaski County
Special School District. I hereby agree to donate _____ day(s) of my sick leave and acknowledge
that I will not receive the donated sick leave back from the District/employee above.

Employee Information

Print Employee Name

Employee Signature

Date

Building/Position

Recipient Information

Print Recipient Name

Building/Position

*All donated sick days for certified employees must be submitted within 10 days of the recipient's absence. Forms should be sent to the Department of Human Resources.