

MERCEDES ISD

REQUEST FOR SICK LEAVE POOL DAYS

Please complete this form and return to:
The Office of Human Resources \* 333 S. Ohio Street \* Mercedes \* 956-514-2079

DATE OF REQUEST: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_ SSN: \_\_\_\_\_

CAMPUS/DEPARTMENT: \_\_\_\_\_ ASSIGNMENT/POSITION: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOTAL LOCAL DAYS BEING DONATED \_\_\_\_\_ (FULL DAYS – MAXIMUM FIVE (5) DAYS)

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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NAME OF EMPLOYEE TO WHICH DAYS ARE TO BE DONATED: \_\_\_\_\_

CAMPUS/DEPARTMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_

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As per Local Policy (DEC), An employee who has exhausted all paid leave and who suffers from a catastrophic illness or injury or is absent due to the catastrophic illness or injury of a member of the employee’s immediate family may request the establishment of a sick leave pool, to which District employees may donate only local leave for use by the eligible employee.

As per District Procedure, the donation of local leave shall be deducted from the donating employees leave balance. Any unused donated leave shall revert to the donor when the employee returns to work.

For HR Department Use Only
Local Days Issued: \_\_\_\_\_
Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be forwarded to the Office of Human Resources for FINAL approval from the Superintendent.