



PECOS-BARSTOW-TOYAH INDEPENDENT SCHOOL DISTRICT

P.O. Box 869
PECOS, TEXAS 79772

**Sick Leave Pool
DONOR**

This is a request to donate local sick days to a sick leave pool for

_____ at _____
(Name of recipient) (Campus)

This request is for voluntary contributions of local sick leave to assist an employee suffering from a catastrophic illness health condition. Only one leave pool per school year may be established per employee. A maximum of **30** days may be donated for any one pool for an individual employee.

An employee may contribute no more than **5** days of local sick leave per school year with a limit of **3** days to any one pool. No other transfer of any leave shall be allowed other than pool donations.

A sick leave pool shall cease to exist when the recipient no longer needs the sick leave days or when the **30** day per-pool limit is exhausted. Unused sick leave pool days shall revert to the donors in half-day increments divided proportionately according to the amount contributed by each individual. No general pool shall remain in existence.

Please Print

Name of employee making contribution: _____

Social Security Number: _____

Campus: _____

Amount of local sick days contributing for this sick leave pool: _____

- An employee making a donation must have a minimum of 10 local days in order to qualify to make a sick leave pool donation.

Signature of Employee: _____

Date: _____