

**SUPERINTENDENT**  
KRISTI MICKELSON

**OFFICE OF**

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Business Office

**BOARD OF TRUSTEES**

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**MULLIN INDEPENDENT SCHOOL DISTRICT**

P.O. BOX 128 • MULLIN, TEXAS 76864 • 325/985-3374 • FAX: 325/985-3372

**SICK LEAVE POOL DONATION**

Fill out and print form.

\_\_\_\_\_  
NAME

\_\_\_\_\_ Number of hours I want to contribute

\_\_\_\_\_ Personal Leave

\_\_\_\_\_ Local Leave

(Donations must be made in 8 hour increments)

I have read and understand the Mullin ISD Sick Leave Pool Procedures and authorize the Business Office to deduct the specified hours from my leave balance and donate to the sick leave pool.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Employee