

**Nocona Independent School District  
Catastrophic Sick Leave Contribution Form  
(Exhibit "B")**

I, \_\_\_\_\_, authorize the contribution of  
*(Employee making contribution)*

\_\_\_\_\_ local sick days to the Nocona ISD Catastrophic Sick Leave Pool for

\_\_\_\_\_. I understand that:  
*(Employee in need)*

- I can donate up to ten (10) days, but no more, and that all contributions are confidential.
- Any unused days remaining in the sick leave pool will be divided up proportionally among those who contributed (in half-day or whole-day increments only).

\_\_\_\_\_  
Signature of employee making contribution

\_\_\_\_\_  
Date