

PRESIDIO ISD

SICK LEAVE CONTRIBUTION FORM

DATE: _____

Employee Name

Campus/Dept.

I would like to voluntarily contribute (one/two) day(s) of leave:

to the Sick Leave Pool being established for _____. I understand that leave donated to the Sick Leave Pool will be subtracted from my leave balance.

Employee's Signature

COMPLETE AND RETURN TO THE PAYROLL DEPARTMENT

FOR OFFICE USE ONLY

Donation received by Payroll Clerk at _____ on _____.

Payroll Clerk Signature