

INDEPENDENT SCHOOL DISTRICT 196
EMERGENCY/PERSONAL LEAVE DAY
SICK LEAVE DONATION/CARRY-OVER REQUEST:

Requested by (print name): _____ **Employee #:** _____

School: _____ **Current Position:** _____

In accordance with and subject to the provisions of Section 8 of the Working Agreement between School District 196 and the Dakota County United Educators, I hereby request the following option(s) for my remaining emergency/personal leave day:

Fall 2018:

SICK LEAVE DONATION:

NUMBER OF DAYS TO BE DONATED TO SICK LEAVE BANK: **1** **2** **3**

Teachers are eligible to donate up to three (3) days of unused emergency/personal leave days to their sick leave bank. In accordance with section 8 of the Working Agreement.

Requested by: _____ **Date:** _____

If you wish to donate day(s) **Human Resources office must receive this form no later than 4:00 p.m. on Friday, October 5, 2018.** All decisions are final. There will be another donation period in the Spring.

Date received in HR _____

Date email sent _____