

**Sick Leave Pool
DEC (Local)
Request Form**

The provisions of the sick leave pool shall be effective with the 2003-2004 school year. A sick leave pool is the voluntary donation of local personal days by employees for the purpose of assisting a fellow employee who, after exhausting all paid leave, has a long-term personal illness or disability or post-pregnancy personal leave, or has an immediate family member who has a long-term personal illness or disability.

Date of Request _____

Name of Employee _____

Name of Person making request _____
(If other than employee, must be member of employee's immediate family)

Date Employee would begin using sick leave days _____

Doctor's statement (Attached) _____
(A doctor's statement indicating the current status of the illness or disability and, if possible, the expected date of return to work.)

Superintendent (or designee)

Date