Lake Pend Oreille School District #84

Administration • 901 Triangle Drive • Ponderay, Idaho 83852
Main: (208) 263-2184 • Fax: (208) 263-6732
Website: www.lposd.org

SICK LEAVE DONATION AGREEMENT

I, _____, an employee of the Lake Pend Oreille School District #84 wish
(Name of Donor)

to donate _____ days of sick leave to _____.

I understand the following:

1. I must have a minimum daily/hourly balance equal to 10 days of my regular work days after the sick leave donation.
2. I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.
3. Only the days/hours needed will be subtracted from my sick leave balance, not necessarily the full amount that I've agreed to donate.
4. This donation is non-retractable.
5. This donation will monetarily affect my sick leave retirement benefits.
6. This donation will be considered void if unused at the end of the current fiscal year.

_____ _____
Donor's Signature Date

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For Office Use Only:

Donor's sick leave balance: _____
Sick leave balance as of (date): _____
Number of hours transferred: _____
Donor's balance after transfer: _____
Prior number of hours donated: _____

Approved: _____ _____
(Payroll Signature) Date