

U.S.D. 308 Employees Voluntary Sick Leave Pool

PARTICIPATING EMPLOYEE’S REQUEST FOR SICK LEAVE POOL DAYS

Printed Name of Employee: _____

Do you have disability insurance or other means to cover loss of wages? Yes___ No___

Per Professional Agreement and Classified Handbook: Employee must use all but five of existing sick days.

Number of Sick Leave Days Available: _____

Number of Sick Leave Days to Use: _____

Number of Sick Leave Pool Days Requested: _____

Reason for Request: _____

Medical Documentation Attached? Yes___ No___

The undersigned, as a participating employee in the U.S.D. 308 Sick Leave Pool, agree to (1) repay the Sick Leave Pool Repayment Obligation by contributing in the future a number of sick leave days equal to my Repayment Obligation at a rate of not more than two sick leave days per school year or (2) in the event I retire, resign or am terminated while any portion of my Repayment Obligation is outstanding, to pay to the Sick Leave Pool an amount equal to the cash value of the outstanding balance determined by multiplying my remaining Repayment Obligation by my rate of pay in effect on the date of my retirement, resignation or termination and, in such event, **I hereby authorize U.S.D. 308 to deduct and withhold from my payroll check an amount equal to the cash value of my outstanding Repayment Obligation. I also agree to pay such Repayment Obligation to the District in cash upon the District’s request in the event such amount is not withheld from my final payroll check.**

Employee’s Signature

Date

To be completed by the Human Resources Department.

Computation of Repayment Obligation:

Number of Days Approved....._____

Number of Days to Repay....._____
(Per Professional Agreement and Classified Handbook)

Approved: Yes___ No___

Director of Human Resources

Date