OKCPS Sick Leave Donation/Request Form

DONATION INFORMATION

By signing this form, I acknowledge that I am voluntarily donating the leave stated below to the specified employee for their immediate use. I realize that any days not used by the individual listed below will be returned to me on a pro-rated basis. I have verified that the donation of the above days will not take me below the minimum threshold of one hundred twenty (120) days as a building administrator per the School Administrators CBA, sixty days (60) days per board policy G-16-R1 or a minimum of thirty (30) days if I am a classified support employee per the support CBA.

_____   _____   _____
Last Name   First Name   Employee ID

_____   _____
Number of Days Being Donated   Name of Employee to Which I am Donating

_____   _____
Signature of Donor   Date

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REQUEST INFORMATION

_____   _____   _____
Last Name   First Name   Employee ID

_____   _____   _____
Number of Days Requested   Department/Location   Supervisor Name

I acknowledge that I am on approved FMLA or have attached a medical certificate from a licensed physician/health care provider verifying the diagnosis, prognosis, and expected duration of the condition for which I am requesting this leave.

I hereby certify that, to the best of my knowledge, I have previously abided by the District's current leave policies, that the nature of the condition is such that I have used or will use all other leave available to me, and that the condition has caused or is likely to cause me to take leave without pay or to terminate my employment with OKCPS.

I understand that it may take up to 5 business days to process this request and if Finance has already started processing payroll my donations will not be reflected on the upcoming payroll.

I understand that it is inappropriate to use the district network or district email to conduct personal business per board policy I-28.

I hereby request the above stated number of days of sick leave to be donated to me through the District's Leave Sharing Program.

_____   _____
Signature of Requestor   Date

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HR USE ONLY

Notes: _____

☐ Approved   _____

☐ Denied   _____

_____

_____   _____
HR Official Signature   Date