



Request for Voluntary Employee Sick Leave Donation

Office for Human Resources and Educator Quality

7227 Land O' Lakes Boulevard, Land O' Lakes, Florida 34638

*Please type or print clearly.
To be completed by employee.*

School Board Policy and the Collective Bargaining Agreements provide for a Pasco County Schools employee to request donation of sick leave from another employee provided that he/she will be absent for a qualifying reason (cannot be used for personal leave charged to sick leave), and he/she has used all of his/her paid sick and/or vacation leave.

To request sick leave donation, complete this form and submit it along with the **Certification of Health Care Provider (Physician's Statement)** to Leaves Administration in HREQ.

Today's Date _____

Employee's Name: _____
LAST FIRST MIDDLE EMPLOYEE ID# or LAST 4 DIGITS of SSN

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone # () _____ Cell Phone # () _____ Email _____

Work Location: _____ Job Title: _____ Inst. Noninst. Admin.

Five (5) criteria for eligibility:

1. Must have one or more years of *continuous* service in the District.
2. Must have exhausted all accrued and credited paid leave, including vacation.
3. Must complete and submit all required forms and supporting documentation via email to myleaves@pasco.k12.fl.us or hand-deliver to the Leaves Administration Section, HREQ.
4. Must have a documented *major* medical emergency, illness, accident or injury (or a spouse or legally dependent child with same).
5. Must **not** have received formal discipline for attendance in the previous twelve (12) months.

Please check the following basic eligibility criteria:

- | YES | NO | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. I have one or more <i>continuous</i> years of service with the District. |
| <input type="radio"/> | <input type="radio"/> | 2. I have exhausted all my accrued paid time. |
| <input type="radio"/> | <input type="radio"/> | 3. I have completed the necessary paperwork and submitted it to the Leaves Administration Section, HREQ. |
| <input type="radio"/> | <input type="radio"/> | 4. I have a documented <i>major</i> medical emergency, illness, accident or injury (or a spouse or legally dependent child with the same). |
| <input type="radio"/> | <input type="radio"/> | 5. I have not received formal discipline for my attendance in the previous twelve (12) months. |

Please indicate the following:

- | YES | NO | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | I would like to have the medical diagnosis listed on the email sent to my fellow employees. |
| <input type="radio"/> | <input type="radio"/> | I would like my request emailed District-wide. If no, the request will only be sent to my worksite listed above. |

NOTE: Additional information may be required to process your request.

_____	_____	_____
Anticipated dates of absence	Employee signature	Date