



PASCO COUNTY SCHOOLS
VOLUNTARY EMPLOYEE SICK LEAVE DONATION
(Employee Request)

MIS Form #362
9/15

Office for Human Resources and Educator Quality
7227 Land O' Lakes Boulevard, Land O' Lakes, Florida 34638

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), 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 physician's statement to Leaves Administration Section in HREQ.

Date _____ Work Site _____

Employee ID # _____ Name _____
Last First Middle

Employee Mailing Address

Street or Box # _____ City _____ State _____ Zip Code _____

Phone Number: (Home) _____ (Cell) _____ Email _____

Five (5) criteria for eligibility:

1. Have one or more years of continuous service in the District;
2. Have exhausted all accrued and credited paid leave, including vacation;
3. **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. Have a documented major medical emergency, illness, accident or injury (or a spouse or legally dependent child with the same); and
5. Have not received formal discipline for attendance in the previous twelve (12) months.

Please check the following basic eligibility criteria:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I have one or more continuous years of service with the District. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I have exhausted all my accrued paid time. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. I have completed the necessary paperwork and submitted it to Human Resources and Educator Quality. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I would like to have the medical diagnosis listed on the email sent to my fellow employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. I would like my request emailed district-wide. If no, the request will only be sent to my work site listed above. |

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

Anticipated dates of absence Employee signature or authorized signature if employee is unable to sign _____
Date