**AUTHORIZATION TO TRANSFER LOCAL LEAVE TO THE VOLUNTARY SICK LEAVE POOL for:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Donor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please Print**

**Campus/Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last 4 Digits SSN**:\_\_\_\_\_\_\_\_\_\_

I elect to transfer:

**.5 day**

**1 day**

**2 days**

**3 days**

of my accrued **LOCAL** leave to the Jarrell ISD Voluntary Sick Leave Pool for the benefit of the employee(s) out for catastrophic illness or injury.

I understand:

* My total accrued LOCAL leave balance will be reduced by the number of days indicated above.
* I cannot revoke or cancel my transfer.
* I understand this donation has no tax consequences and is not deductible as a charitable contribution.

I acknowledge that the Voluntary Sick Leave Pool is governed by JISD Policy DEC (LOCAL), and I understand its provisions. The policy is available on the JISD website. I may request a paper copy of the policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Donor Employee Signature** **Date**

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of days transferred to pool: \_\_\_\_\_\_\_ local

 Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_