

Aug 3- 2010 agreement

United Teachers of Monroe  
Application for a Special Donation of Sick Leave  
Application is in conjunction with the rules of the existing  
Sick Leave Pool Agreement

Employee Name	Last 4 digits of Social Security Number	School Site
Home Address	Home Phone	Date Submitted

The requesting employee must meet the following criteria: Please check where applicable.

- A.  Member of the Teachers Sick Leave Pool  
B.  Member of the Support and Administrative Sick Leave Pool
- Exhaustion of all personal Sick Leave days
- Exhaustion of all Sick Leave Pool Benefits
- A.  Sick leave donation is for my needs

Please submit a doctor's statement indicating nature of illness and duration of same along with this application. I authorize any physician or hospital to release any information regarding any catastrophic illness as defined by the sick leave pool rules to the United Teachers of Monroe Sick Leave Pool Review Committee. (A Photostat of this authorization shall be valid.)

\_\_\_\_\_  
Employee's or Designee's Signature Date

Signatures of donating sick leave pool members authorizing 1 day of sick leave to the above sick leave pool member. Up to five days may be authorized. For additional donated sick days, a new form will have to be completed. Members of the sick leave pool may only donate 1 sick day per year per applicant.

Members donating a sick day which will be deducted from their accumulated sick leave

Print name	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Application shall be reviewed by the Sick Leave Pool Review Committee. Approved applications will be processed ASAP.

Distribution of forms:

1. Records Custodian
2. Review Committee
3. Applicant
4. Payroll department upon approval