

FORWARD ORIGINAL COMPLETED FORM (NO COPIES/NO FAXES) TO BENEFITS

SICK LEAVE TRANSFER REQUEST

Employee Name

Department/School

I am/will be on a medical leave of absence and am requesting donated sick leave.

Signature

Date

Witness

Approved By (Benefits Manager)

Authorization of Amphitheater Public Schools To Post Confidential Information Regarding Sick Leave Status

I, _____, an employee of Amphitheater Public Schools, have exhausted my sick leave in the District, or I will be doing so soon. I have consequently applied for sick leave donations from other employees.

I understand that, in order to solicit other employees in the District for sick leave donations on my behalf, the District will notify other employees that I have exhausted my own sick leave and that I am seeking donations. This will be done by listing my name on the District's sick leave donation webpage. This web page will also indicate that I have exhausted my own sick leave and that I am seeking donations.

I understand the fact that my sick leave use status is normally confidential information. However, because I am in need of sick leave donations, I am authorizing the District to disclose this information on the district website. I understand that the District will not post any information about my health condition(s).

Signature

Notary Public