

VISTA UNIFIED SCHOOL DISTRICT

**Classified Employee  
Application for Requesting Sick Leave Donation**

**To be completed by Employee:**

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

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Work Site: \_\_\_\_\_

I verify that I will have exhausted all fully paid leaves of absence on: \_\_\_\_\_  
Date

Length of absence from work: \_\_\_\_\_ to \_\_\_\_\_  
effective ending

**I have attached a copy of my personal physician's statement, which includes the reason for my illness/injury or the illness/injury of my family member and the probable length of absence from work.**

I give CSEA permission to solicit sick leave donations at:

- My Work Site       All District Sites

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Applicant/Designee

Contact person if other than employee

Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**To be completed by CSEA:**

- Approved       Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CSEA President