



Application for Requesting Sick Leave Donation

The Vista Teachers Association is requesting donated sick leave for the following employee:

Name _____

Work Site _____

Employee has _____ remaining days of fully paid leave.

Length of absence from work: _____ to _____.
Effective Ending

Attached is a copy of their physician's statement, which includes the reason for illness/injury and the probable length of absence from work.

It is understood that sick leave donations are taken as needed and that all donations may not be needed by this individual.

Sick Leave donation slips will be sent directly to Human Relations for final approval after VTA President's processing and approval.

To be completed by VTA:

Approved Denied

Date

Signature of VTA President

To be completed by District:

Approved Denied

Date

Signature, Asst. Supt HR or Designee