



# SONORA INDEPENDENT SCHOOL DISTRICT

807 SOUTH CONCHO \* SONORA, TEXAS 76950  
325/387-6940 \* FAX: 325/387-5090

## ESTABLISHMENT OF VOLUNTARY SICK LEAVE POOL

Employee: \_\_\_\_\_ has requested and been granted the right to establish a voluntary sick leave pool.

This sick leave pool has been established to be created from voluntary donations by District staff to assist fellow employees suffering from catastrophic personal illness or disability, or illness or disability in the immediate family. To receive days from the pool, the requesting employee must first have used all local sick and state personal leave, and vacation days, if applicable.

Contribution may consist of up to 2 (local sick days) per donor, with no staff member permitted to donate more than 6 (local sick days) per school year.

Employee (Donor) Name: \_\_\_\_\_ ID # \_\_\_\_\_

Campus: \_\_\_\_\_

**Number of Local Sick Leave Days I want to contribute now:** \_\_\_\_\_

*I authorize Payroll to deduct the specific days from my sick leave balance.*

*I understand that any unused local sick leave days shall revert to all donors and shall be divided proportionately among individuals according to the amount contributed.*

*I understand that reimbursed days will be divided into increments of no less than half days.*

*I understand that no general pool shall remain in existence beyond the end of the school year. Fractional days not returned to the original donor will remain in general pool if needed during that school year.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date