

Peaster Independent School District
Office of Human Resources
817-341-5000 Ext. 1012

Sick Leave Pool Donation Form

Contributions to the pool must be in units of eight [8] hours.

A terminating employee may donate their entire accrued leave balance.
Please do not contribute if you may return to state employment within a year.
Once hours are contributed, they cannot be restored.

Employee Information

Employee Name : _____

Employee Phone Number : _____

Primary Campus/Department : _____

Number of hours I want to contribute : _____

Employee Authorization

I authorize the Office of Human Resources to submit this form through Payroll for deduction of the specified number of hours from my sick leave balance.

Employee Signature

Date

- The Business Office is responsible for deducting the contribution from the employee's balance and will retain a copy for records.

For Human Resources Use Only

Sick Leave Pool Administrator (Amari Canafax)

Date