

Pueblo School District 60

Sick Leave Bank Employee Donation Form

Please **print** the following information:

Last Name: _____ First Name: _____ M.I. _____

Job Title: _____ Work Site: _____

Employee Number: _____

I wish to donate one (1) day of my excused leave to the District's Sick Leave Bank.

Authorization: (please read carefully)

This is to request and authorize Pueblo School District 60 payroll to deduct one day from my excused leave balance and transfer the day to the Sick Leave Bank. I understand that the transfer of excused leave to the Sick Leave Bank is irrevocable. I also understand that a minimum of one day of excused leave must be donated in order to qualify for membership in the Sick Leave Bank.

☐ This is a one time donation

☐ This is an ongoing annual contribution until I request in writing that my contribution end.

☐ I am retiring/resigning and wish to make a one time contribution of _____ days (1-10) of my accumulated unused excused leave. (pending Human Resources approval)

Signature: _____ Date: _____

Return this form to:

**Supervisor of Payroll
Pueblo School District 60
315 W. 11th Street
Pueblo, Colorado 81003**