

APPLICATION TO RECEIVE SICK LEAVE TIME

(As per Section 19.17 Donated Sick Leave, of the GUSD/GTA Collective Bargaining Agreement)

Member Recipient (donee): \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ School Year: \_\_\_\_\_

Worksite Location: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

\* \* \* \* \*

I have exhausted all appropriate fully paid leaves available to me due to the following illness/injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My first day of leave for this illness/injury was \_\_\_\_\_ (date.)

I hereby MAKE A REQUEST TO THE President of GTA that the Donated Sick Leave Committee approve the transfer of up to \_\_\_\_\_ day(s) from the Donated Sick Leave pool to be used by me as Agreement. I understand that this time can be used only in full- or half-day increments.

Signature of Donee Employee \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

This request to receive sick leave time from the above named pool was approved by Gridley Teachers Association DSL Committee on \_\_\_\_\_. In accordance with the employee organization's Collective Bargaining Agreement, I hereby authorize the District to implement the transfer of up to \_\_\_\_\_ day(s) from the Donated Sick Leave pool to \_\_\_\_\_ for her/his use as sick leave as needed for this illness/injury.

\_\_\_\_\_  
President, Gridley Teacher Association

\_\_\_\_\_  
Date

\* \* \* \* \*

Appropriate medical verification of illness/injury is attached.

(Copies to GTA Association President, Payroll, Personnel and Donor Employee)