

ELKO COUNTY SCHOOL DISTRICT
REQUEST TO DONATE SICK LEAVE

NAME: _____ DATE: _____

SICK LEAVE DAYS AVAILABLE PRIOR TO YOUR REQUEST: _____

I understand that I may make one or more voluntary irrevocable donations of my vested sick leave in increments of twenty (20) days or more to another school employee that qualifies under the guidelines described in the ECCTA – ECSD Master Agreement

Donation requests will be handled on a case-by-case basis in instances where the sick leave donor has less than twenty (20) days of sick leave.

This employee must be categorized as 1st or 2nd degree on the Nevada Consanguinity/Affinity Chart (parent, child, spouse/domestic partner*, grandparent, brother/sister, grandchild, parent-in-law.)

*Registered domestic partnership with Secretary of State.

I hereby request that _____ days of my sick leave be donated to the following employee:

Name of Employee

Donor Signature

Date

DONOR, DO NOT WRITE BELOW THIS LINE

APPROVED: _____

DENIED: _____

Reason for Denial:

Employee to receive donated days does not qualify under the criteria checked below:

_____ Sick leave may not be donated to other employees outside of the 1st and 2nd degrees on the NV Consanguinity/Affinity Chart

_____ Sick leave may not be donated to another employee until the employee has exhausted all related leave.

_____ Sick leave may not be donated to another employee until the employee has exhausted all other existing sick leave support systems such as the Sick Leave Bank

Director of Human Resources

Date

Elko County School District



Central Administrative Office
Telephone (775) 738-5196 - Fax (775)738-0808
850 Elm Street - Elko, Nevada 89801

Donation of Sick Leave Form (Donor)

I, _____(Donor) desire to make an irrevocable voluntary donation of:
(Print Name)

- 20 Days
- 40 Days
- 60 Days
- _____ Other 20-day increment amount

Of my vested sick leave to _____(Recipient) for an express use which is outlined in the sick leave section of the applicable collective bargaining agreement or District Policy Manual.

My relationship to Recipient is:

- Spouse/domestic partner (*Registered domestic partnership with the Secretary of State*)
- Parent
- Parent-in-Law
- Son/Daughter
- Son/Daughter in law
- Sibling
- Grandparent
- Grandchild

Employee Signature

Date

Elko County School District



Central Administrative Office
Telephone (775) 738-5196 - Fax (775)738-0808
850 Elm Street - Elko, Nevada 89801

Donation of Sick Leave Form (Recipient)

I, _____(Recipient) have:
(Print Name)

- Exhausted all of my earned sick leave, and
- Exhausted all other existing sick leave support system such as the Sick Leave Bank, and desire to accept an irrevocable voluntary donation of vested sick leave from _____(Donor) for an express use which is outlined in the sick leave section of the applicable collective bargaining agreement or District Policy Manual.

Donation:

- 20 Days
- 40 Days
- 60 Days
- _____ Other 20-Day Increment

My relationship to the donor is:

- Spouse/domestic partner (*Registered domestic partnership with the Secretary of State*)
- Parent
- Parent-in-Law
- Son/Daughter
- Son/Daughter in law
- Sibling
- Grandparent
- Grandchild

Employee Signature

Date