

Hillsboro Classified United

SICK LEAVE DONATION TRANSFER AUTHORIZATION

The HCU Executive Council is directed by HCU to apply guidelines approved by the HCU/Hillsboro School District Collective Bargaining Agreement, Article 12(J), on matters related to the sick leave donations. **With full knowledge of the HCU Sick Leave Donation Guidelines**

YES, I AUTHORIZE transfer of **ONE (1)** sick leave day (equal to the number of hours I work per day) to employee request #_____. I understand that this transfer is irrevocable.

Print Name: _____

Number of regularly scheduled hours you work per day_____

Date: _____

Signature:_____

Employee ID #:_____

PLEASE MAKE A COPY FOR YOUR RECORDS, AND RETURN ORIGINAL TO PAYROLL