

**Hillsboro Classified Union  
SICK LEAVE DONATION - INITIAL REQUEST FOR USE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Building/Department: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Number of work days requested: \_\_\_\_\_ Anticipated date of return: \_\_\_\_\_

1. I have used:
  - a. All individual accumulated paid sick leave;
  - b. All individual vacation days;
  - c. All comp time
  
2. I have attached the following **REQUIRED DOCUMENTS** to this form:
  - a. Personal statement indicating the circumstances for which I am requesting the additional sick leave;
  - b. The attached Medical Evaluation form, completed by my physician, confirming I am unable to perform my assigned job duties due to a long term illness or injury.
  
3. I have applied for Long Term Disability.     Yes     No  
**(See attached information on LTD)**  
Date applied \_\_\_\_\_
  
4. I authorize the HCU Executive Council to verify my date of employment, paid sick leave, vacation, and comp time balances.
  
5. I understand that I must refund any sick leave days that I was paid from donations and concurrently received income from Long Term insurance, Workers Compensation, or PERs disability.
  
6. I affirm that the information I have provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SEND REQUESTS TO LINDEN BECKER AT HILLSBORO HIGH SCHOOL.**

**THE UNION EXECUTIVE COUNCIL AND HUMAN RESOURCES WILL REVIEW THIS REQUEST AND WILL NOTIFY YOU OF A DECISION.**