

Hillsboro Classified Union

2006-07 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.

CHECK ONE

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***