

Professional Personnel

Exhibit – Sick Leave Reserve

NAME _____ S.S.# _____

CURRENT NUMBER OF SICK DAYS _____

NUMBER WISHING TO DONATE _____

CONDITIONS FOR DONATION Non-returnable donation of sick leave to Sick Leave Reserve Bank for terminally ill employee

Signature

Date

Adopted: 5/12/98
Reviewed: 1/11/2000, 9/10/02, 12/11/07