

**NHUHSD
DONATED SICK LEAVE POOL REQUEST
CERTIFICATED STAFF**

Name: _____ Date: _____
(Please Print)

I would like to request consideration for use of donated sick leave as defined in Article 8.15.

The rationale for my request is as follows (Please indicate number of days being requested):

As per Article 8.15.2, unit member or his/her designee will submit this request to the Association president.

Please review the attached Article 8.15 for necessary procedures and Article guidelines regarding this request.

Employee Signature: _____ Date: _____