



Sick Leave Donation Authorization Form

(AFSCME, Educational Assistants, Nutrition Services, Teaching Assistants and Teachers Bargaining Units only)

Employee ID: _____

Bargaining Unit: _____

Employee Name: _____

Employees are able to donate accumulated sick leave to a Sick Leave Bank for the use of eligible employees under the AFSCME, Educational Assistants, Nutrition Services, Teaching Assistants, or Teacher Bargaining Unit. This bank would provide the recipient monies where as no other benefit was available (i.e.: workers compensation, social security, long term disability, etc).

I, _____, confirm that I am a regular **full-time or part-time** member of one of the bargaining units listed above and who is eligible for benefits, have accumulated at least **720 hours of sick leave**, and have not submitted a **resignation or retirement** to the District prior to making the donation.

I understand that this donation is anonymous and that I may not designate a specific recipient(s) for the donation. Once the donation has been made and processed by Human Resources, the donation is irrevocable.

I, _____, authorize Saint Paul Public Schools Payroll to transfer the following number of hours from my accumulated sick leave into the Sick Leave Bank:

_____ Hours to Donate

NOTE: Contributions must be in whole hour increments and may not exceed eighty (80) total hours during the time the donor is employed by the District.

Signature of Employee

Date

Job Title

Return Completed Form to Benefits Department

Saint Paul Public Schools, Human Resources Department, 3rd Floor
360 Colborne Street, St Paul, MN 55102
Telephone: 651.767.8200 Fax: 651.305.4259 benefits@spps.org