

Personal Day Donation Waiver Form  
HEA/HSD

I authorize the Hillsboro School District's payroll department to deduct one personal leave day for the 2014-15 school year and transfer it to the sick leave account of HEA member # 1415-1.

Date: \_\_\_\_\_ Specify your FTE (1.0, .5, etc.): \_\_\_\_\_

Print name: \_\_\_\_\_

School: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Fill out an **HSD Leave Request** form

- Indicate whether you are donating a full day (1) or half day (0.5)
- Check the box "Personal"
- Under "leave on the following dates" use the current date
- For "Reason", indicate that you are donating to the sick bank and give the HEA number 1415-1

\_\_\_\_\_ Make a copy of this Personal Day Donation Waiver Form and the HSD Leave Request form to the HEA office for your records

\_\_\_\_\_ Return the completed forms to HEA, attention Maureen Barnhart

Thank you for your support of your colleague!