

## Personal Day Donation Waiver Form HEA/HSD

I authorize Hillsboro School District's payroll department to deduct one personal leave day for the 2017-18 school year and transfer it to the sick leave account of HEA member # \_\_\_\_\_.

Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

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

\_\_\_ Fill out a HSD Leave Request form

- Indicate whether you are donating a full day (1) or half day (.5)
- Check the box "Personal"
- For "leave on the following dates" – use current date
- For "Reason", indicate you are donating to the sick bank and give the HEA member # that has been assigned by HEA (year and #)

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

\_\_\_ Return the Personal Day Donation Waiver Form and the HSD Leave Request form to your HEA President within two (2) weeks of the solicitation (may put in interoffice mail to: Jill Golay @ HEA office)

Thank you for your support of your colleagues!