

Personal Day Donation Waiver Form HEA/HSD

I authorize Hillsboro School District's payroll department to deduct one personal leave day for the 2019-20 school year and transfer it to the sick leave account of HEA member # **2020-1**.

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 #**2020-1** 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** (may put in interoffice mail to Jill Golay @ HEA office)

Or

___ Hand both documents to the member that you are donating the personal day to.

Thank you for your support of your colleagues!