

Mounds View Public Schools
350 Highway 96 West
Shoreview, MN 55126

Form EG-5102

**INDEPENDENT SCHOOL DISTRICT #621
REQUEST TO DONATE SICK LEAVE**

In accordance with the District's policy on sick leave donation, I wish to donate a portion of my existing sick leave balance to:

Employee's Name: _____

Amount of Sick Leave to be Donated: _____
(Must be in full day increments)

Print Your Name

Building

Signature

Date

Please return the completed form to the Human Resources Department.

For Human Resources Department Use Only	
Human Resources Review	Request Denied: Date:_____ By:_____
Date:_____ By:_____	Reason:_____
School Board Action Approved	_____
Date:_____ Denied	_____
Transfer to Recipient's Balance:_____	_____
Deducted from Donor's Balance:_____	_____
Notification:	

October 6, 2004

Revised: 3-8-06 (address change only)