THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
COMPASSIONATE SICK LEAVE DONATION PROGRAM
(Recipient Request Form / Donation Application)

School Board Policy provides for an Osceola County School District employee to request donation of sick leave from another employee provided that they will be absent for a qualifying reason (cannot be used for personal leave charged to sick leave), and they have used all of their paid sick and/or vacation leave.

To request sick leave donation, complete this form and submit it along with the **Certification of Health Care Provider** *(Physician's Statement)* to Human Resources.

Date: _____

Employee Name: _____   District ID:_____

Mailing Address: _____

Contact Phone:_____   Email: _____

Facility Name:_____   Position Title: _____

Five (5) criteria for eligibility:

1) Must have one or more years of *continuous* service in the District.
2) Must have exhausted all accrued and credited paid leave, including vacation.
3) Must complete and submit all required forms and supporting documentation to Human Resources.
4) Must have a documented *major* medical emergency, illness, accident or injury (or a spouse or legally dependent child with same), or a life altering event of a member of your immediate family, or for someone residing within your household for whom you are the primary caregiver.
5) Must **not** have received formal discipline for attendance in the previous twelve (12) months.

Please check the following basic eligibility criteria:

Yes	No		
____	____	1)	I have one or more years of *continuous* service in the District.
____	____	2)	I have exhausted all accrued and credited paid leave, including vacation.
____	____	3)	I have attached a completed **Certification of Health Care Provider** *(Physician's Statement)*.
____	____	4)	I have a documented *major* medical emergency, illness, accident or injury (or a spouse or legally dependent child with same), or a life altering event of a member of my immediate family, or for someone residing within my household for whom I am the primary caregiver.
____	____	5)	I have not received formal discipline for my attendance in the previous twelve (12) months.

NOTE: Additional information may be required to process your request.

Anticipated start date of Compassionate Sick Leave: _____   Anticipated End date:_____

Employee's Signature_____ Date _____