RIVER BEND EDUCATION DISTRICT
1315 S Broadway Street
New Ulm, MN 56073
ph(507) 359-8700
fax (507) 359-1161

SICK LEAVE DONATION FORM

I _____ would like to
(name)

donate __ day/s of sick leave (up to 3) to a catastrophic leave event.

Current Sick Leave Balance: _____

New Sick Leave Balance: _____

Employee Signature: _____
Date: _____

Approved by: _____
Date: _____

This is for licensed staff only. See Master Agreement (Teachers); Article X, Section 6 for more of an explanation.