

PASCO ASSOCIATION OF EDUCATORS

&

PASCO SCHOOL DISTRICT NO. 1 SICK LEAVE SHARING APPLICATION

Name: _____ Date: _____

School/Site: _____ Position: _____

Number of years employed in Pasco School District: _____

I am requesting _____ days of sick leave from the sick leave sharing pool. I meet the following qualifications for eligibility:

1. I or a household member has an extraordinary or severe illness, injury, impairment or physical or mental condition
2. I have been called to service in the uniformed service
3. I am a victim of domestic violence, sexual assault, or stalking
4. A state of emergency has been declared, and my offer of service has been accepted
5. My, or my family member's, condition is likely to cause me to take leave without pay or to terminate employment.
6. I have, or will shortly deplete my sick leave reserves.
7. I have the need to take parental leave.

Brief description of situation:

Employee's Signature _____ Doctor's note must be attached

PAE Committee Approval _____ Committee Chairman _____
(Printed Name)

PAE President Approval _____ President of PAE _____
(Sign and Date) (Printed Name)

Pasco School District Approval _____ Pasco School District _____
(Sign and Date) (Printed Name)