

ST. LUCIE PUBLIC SCHOOLS

**AUTHORIZATION FOR USE OF ACCUMULATED SICK LEAVE
BY A FAMILY MEMBER**

DATE _____

I, _____, _____,
Print Donor's Name / Position / Worksite Donor's last 4 digits - social security number

authorize _____, _____,
Print Donee's Name / Position / Worksite Donee's last 4 digits - social security number

a member of my immediate family (_____) to use up _____
relationship indicate number days

days of my sick leave accumulated of this date. I understand that these days, if used, will no longer be available to me and will not be calculated in any terminal pay to which I may be entitled under s.231.40(3) Florida Statute or elsewhere in School Board Policy.

Signature of Donor

H. R. Administrator

Approved Denied-reason _____

Date _____

Leave Request for Donee created -YES_____ (How many days requested) -NO

Donor's balance of days available: _____ Donee's balance of days available: _____

cc: Payroll
Human Resources
Authorizing Employee
Receiving Employee