

FORWARD ORIGINAL COMPLETED FORM (NO COPIES/NO FAXES) TO BENEFITS

## SICK LEAVE TRANSFER REQUEST

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Department/School

I am/will be on a medical leave of absence and am requesting donated sick leave.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Approved By (Benefits Manager)

### Authorization of Amphitheater Public Schools To Post Confidential Information Regarding Sick Leave Status

I, \_\_\_\_\_, an employee of Amphitheater Public Schools, have exhausted my sick leave in the District, or I will be doing so soon. I have consequently applied for sick leave donations from other employees.

I understand that, in order to solicit other employees in the District for sick leave donations on my behalf, the District will notify other employees that I have exhausted my own sick leave and that I am seeking donations. This will be done by listing my name on the District's sick leave donation webpage. This web page will also indicate that I have exhausted my own sick leave and that I am seeking donations.

I understand the fact that my sick leave use status is normally confidential information. However, because I am in need of sick leave donations, I am authorizing the District to disclose this information on the district website. I understand that the District will not post any information about my health condition(s).

State of Arizona

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\_\_\_\_\_  
Signature

County of Pima

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Subscribed and sworn to before me on this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
Notary Public