



# Shawnee Public Schools

## Sick Leave Sharing Program Request

Today's Date \_\_\_\_\_ School Name/Site # \_\_\_\_\_

Name \_\_\_\_\_ SSN# \_\_\_\_\_

HAVE YOU, OR WILL YOU EXHAUST ALL EARNED SICK LEAVE? \_\_\_\_\_

**You must have a physician complete the certification on the reverse side of this form. Please note that this leave will run concurrently with FMLA.**

**I hereby certify that, to the best of my knowledge, I have previously abided by the district's leave policies; that the nature of the condition is such that I have used or will use all accumulated sick leave available to me; and that the condition has caused or is likely to cause me to take leave without pay or to terminate employment.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

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### APPROVAL/DISAPPROVAL

Request for donated Sick Leave is approved \_\_\_\_\_ not approved \_\_\_\_\_

Healthcare Certification is not complete. \_\_\_\_\_

Employee's Condition does not meet definition of  
Extraordinary or severe as defined in Board Policy DEFA. \_\_\_\_\_

Employee has sick leave available. \_\_\_\_\_

Superintendent or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

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