

Jarrell Independent School District

P. O. Box 9
312 N. Fifth Street
Jarrell, Texas 76537
www.jarrellisd.org

512.746.2124 office

beatriz.belman@jarrellisd.org

512.746.2518 fax

AUTHORIZATION TO TRANSFER LOCAL LEAVE TO THE VOLUNTARY SICK LEAVE POOL for:

Donor Name: _____

Date: _____

Please Print

Campus/Department: _____

Last 4 Digits SSN: _____

I elect to transfer:

.5 day

1 day

2 days

3 days

of my accrued **LOCAL** leave to the Jarrell ISD Voluntary Sick Leave Pool for the benefit of the employee(s) out for catastrophic illness or injury.

I understand:

- My total accrued LOCAL leave balance will be reduced by the number of days indicated above.
- I cannot revoke or cancel my transfer.
- I understand this donation has no tax consequences and is not deductible as a charitable contribution.

I acknowledge that the Voluntary Sick Leave Pool is governed by JISD Policy DEC (LOCAL), and I understand its provisions. The policy is available on the JISD website. I may request a paper copy of the policy.

Donor Employee Signature

Date

FOR OFFICE USE ONLY:

Date Received: _____

Number of days transferred to pool: _____ local

Employee ID: _____