

The MEA has received a request from one of its members to access the sick leave pool.

Moline Education Association
Fiscal Year 2016-2017
Sick Leave Pool--Donation Form

Name: _____

User ID: _____

School/Facility: _____

Number of sick leave days donated: _____

NOTE: You must have a minimum of 12 accumulated sick days before the donation in order to be eligible to contribute.

You may donate no more than two (2) days for this request.

In making this donation, I understand that it is strictly voluntary; no longer my property right; and that my sick leave balance will be reduced by a corresponding amount. I understand that this donation is for use by an eligible employee and I may not stipulate who may receive this donation.

Signature

Date

MEA President's Signature

Date