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Human Resources Department

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MEDICAL LEAVE ASSISTANCE DONATION FORM

(For GIVING Sick Leave Donations)

Employee to receive sick bank donations: _____

Number of paid sick leave days I wish to donate: _____ days.

(Information relative to this donation is strictly confidential)

Your Name: _____

Employee I.D. Number: _____ Job Title: _____

School/Dept./Site: _____ Employee Unit: _____

Signature: _____ Date: _____

My signature above indicates an understanding of the following.

- 1. Donations of sick leave may be made to only members of the same employee group, except Administrators and Exempt Coordinators may donate to any employee in other employee groups. Employees in the Supervisory groups and the White-Collar groups may donate and receive donations from each other. Donations may not be made to an immediate supervisor.*
- 2. Sick leave days, not the actual wage/salary, may be donated. Donated sick leave will be deducted during the payroll process and will be coded on the balance section of pay stub/notice.*
- 3. Donating sick leave may reduce the Retirement Incentive (accumulated sick leave payoff) at the time of retirement from TUSD.*
- 4. Certified, White-Collar and Food Service employees may donate a maximum of five sick leave days for every 30 days of accumulated sick leave.*
- 5. Supervisory, Exempt Coordinators and Blue-Collar employees may donate a maximum of five sick leave days annually if he/she has at least 30 days of accumulated sick leave.*
- 6. Administrators, Psychologists and Research Project Managers may donate any number of sick leave days, provided that after the donation, he/she still has 30 or more days of accumulated sick leave.*

**PLEASE SUBMIT THIS DONATION FORM TO:
HUMAN RESOURCES, AT THE ABOVE ADDRESS,
NOT LATER THAN THE SICK BANK POSTER CLOSING DATE.**