

, LOCAL SICK LEAVE BANK DONATION

EMPLOYEES RETIRING FROM JUSTIN MAY ELECT TO DONATE SICK LEAVE TO THE DISTRICT SICK LEAVE BANK SEE % #

OR RETIREES WHO QUALIFY FOR YEARS OF SERVICE EXCESSIVE PAYOUT DAYS WILL BE DONATED

EMPLOYEE NAME & FIRST AND LAST

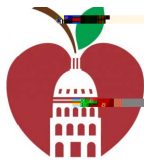
EMPLOYEE ID NUMBER (NUMERIC ONLY)

DATE OF RETIREMENT (MM DD YYYY)

DO I WISH TO DONATE

IF YES, HOW MUCH REMAINING BALANCE

DO I WISH TO DONATE SICK LEAVE HOURS



\$ONACI-N° DEL° BANCO° DE° BAJAS° POR° ENF

, OS° EMPLEADOS° QUE° SE° JUBILAN° DEL° \$ISTRITO° DE° IUSTIN° P
SUS° HORAS° DE° AUSENCIA° POR° ENFERMEDAD° LOCAL° GANADA
!USENCIA° DE° %NFERMEDAD° DEL° DISTRITO° VER° 2EGLAMENTO

0ARA° LOS° JUBILADOS° QUE° CALIFICAN° PARA° UN° PAGO° DE° AU
HORAS° EN° EXCESO° DE° SUS° D\$AS° DE° PAGO° PERMITIDOS

.OMBRE° DEL° EMPLEADO° NOMBRE° Y° APELLIDO °???????????????

)\$° DE° EMPLEADO° S-LO° NUMÉRICO °???????????????????????????????

&ECHA° DE° JUBILACI-N° MM DD YYYY °? ?????°? ????????????????????????

\$ESEO° DONAR

4ODAS° MI° HORAS° DE° AUSENCIA° POR° ENFERMEDAD° LOCAL

\$ESEO° DONAR° UN° N´MERO° DETERMINADO° DE° HORAS° DE° A