

DALHART INDEPENDENT SCHOOL DISTRICT
701 EAST 10TH STREET
DALHART, TEXAS 79022
806-244-7810

EMPLOYEE'S LOCAL SICK LEAVE BANK TRANSFER

I, _____, hereby authorize Dalhart ISD to transfer _____* Local Sick Leave Days (from my Local Leave) to the Local Sick Leave Bank. I understand there must be enough days in my Local Sick Leave balance to cover the requested transfer. I also understand this transfer is irrevocable. The transaction will not be reversed once this form has been signed and submitted. **The deadline for donating is September 1, 2018.**

I further understand that all requests for withdrawal from the Local Sick Leave Bank will be made (on a DEIC approved form) to the DEIC committee, who has been named administrator of the Local Sick Leave Bank.

Signature

Date

* **WHOLE DAYS ONLY
10 DAYS MAXIMUM**

