



WINDHAM SCHOOL DISTRICT

SICK LEAVE POOL

CONTRIBUTION OF DAYS

PRINT NAME: _____

SS# (last 4 digits) _____

UNIT: _____ DATE: _____

NUMBER OF WINDHAM SICK DAYS TO BE DONATED: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

*All Contributions must be received in Human Resources between September 1 and October 31.

CONTRIBUTIONS MAY NOT BE DESIGNATED FOR ANY SPECIFIC EMPLOYEE