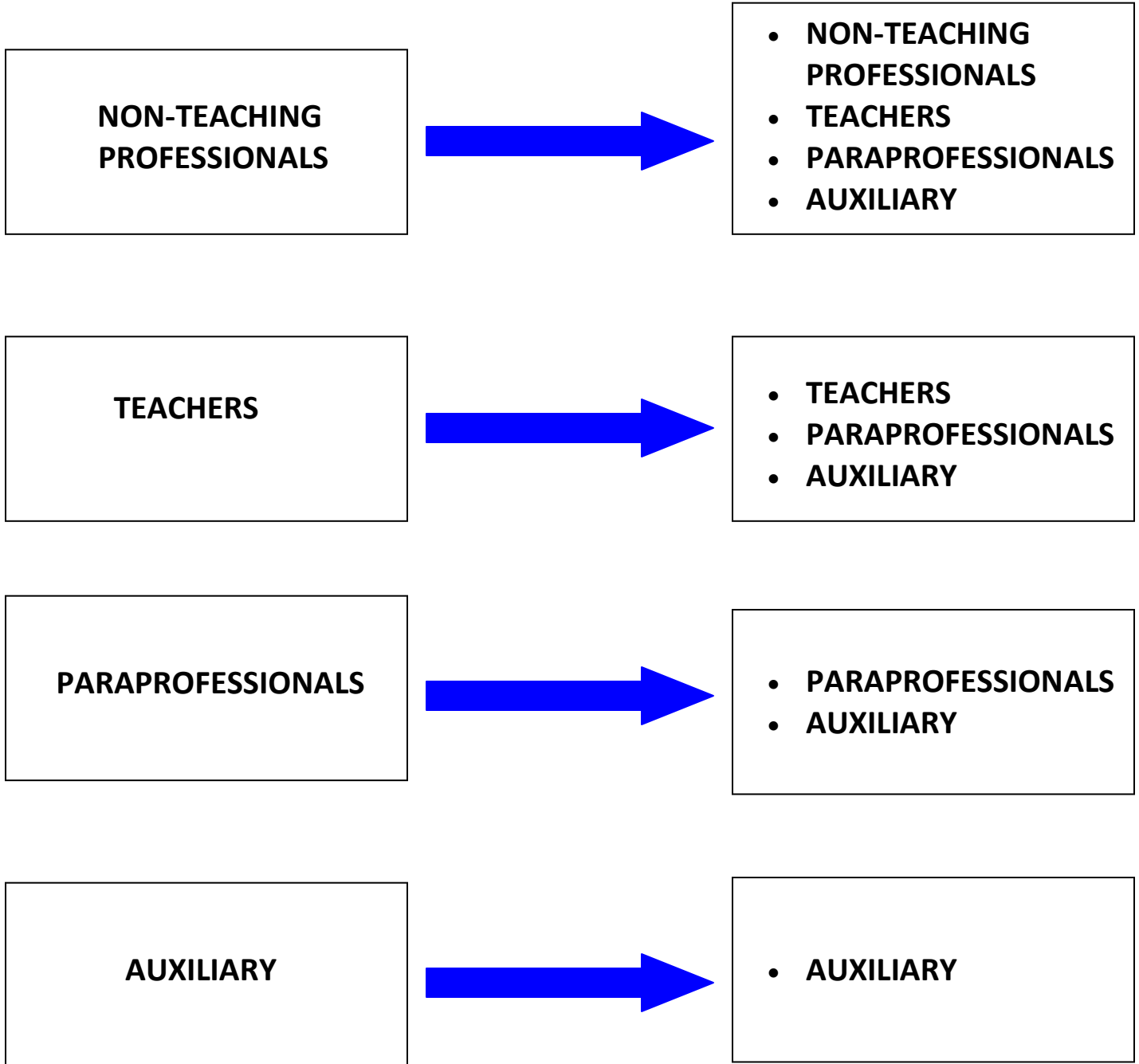


La Joya Independent School District

**SICK LEAVE POOL**



**LA JOYA INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE SICK LEAVE POOL  
REQUEST FORM**

Name of Employee	Employee ID #	Campus/Dept.
Address	City/Zip Code	Phone #

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional documentation attached: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**THIS SECTION FOR ADMINISTRATION USE ONLY**

Date:	Superintendent's Signature or Designee:
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Approved     Not Approved    **Comments:** \_\_\_\_\_

White  
Human Resources Office

Yellow  
Payroll Department

Pink  
Employee

**LA JOYA I.S.D.  
TRANSFER FORM  
SICK LEAVE POOL**

**FROM:**

**TO:**

*Employee Number* \_\_\_\_\_

*Employee Number* \_\_\_\_\_

*Name* \_\_\_\_\_

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_

*City* \_\_\_\_\_

*State* \_\_\_\_\_

*State* \_\_\_\_\_

*Zip* \_\_\_\_\_

*Zip* \_\_\_\_\_

*Campus/Department* \_\_\_\_\_

*Campus/Department* \_\_\_\_\_

*Days Available* \_\_\_\_\_ *Confirmed by:* \_\_\_\_\_

*Days Available* \_\_\_\_\_ *Confirmed by* \_\_\_\_\_

*Days Donating* \_\_\_\_\_

*By signing below I agree to donate the number of days stated above to* \_\_\_\_\_ .

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\*\*\*\*\*

**THIS SECTION FOR ADMINISTRATION USE ONLY**

Date:	Superintendent's Signature or Designee:
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( ) Approved    ( ) Not Approved    **Comments:** \_\_\_\_\_