

Italy ISD Sick Leave Pool Enrollment

I, _____, have read and understand the policies and procedures under Italy ISD Board Policy DEC(Local) regarding the implementation of a sick leave pool.

Based on the terms and conditions stipulated in this policy, I wish to donate _____# day(s) of local or state personnel leave to the Italy ISD Sick Leave Pool.

I understand that a donation of local or state leave day(s) does not constitute a property interest in the Sick Leave Pool.

Date

Signature of employee