

NRHEG Public School ISD #2168
**Catastrophic Medical Leave Sharing
Bank Committee Determination Form**

Rev. 2-2-2024



Employee requesting donated Sick Leave: _____

Date of Request: _____

The committee has determined that the evidence/documentation brought forward

Request does meet the criteria and intentions of the bargaining unit's Master Agreement's Donation of Sick Leave language.

Request does not meet the criteria and intentions of the bargaining unit's Master Agreement's Donation of Sick Leave language.

Notes: _____

Total number of donated days/hours approved for this accident/illness: _____

Representative Name: _____

Representative's Signature: _____

Date of determination: _____

- Copies provided for:
- Employee
 - Employee's Personnel File
 - NRHEG Payroll Manager
 - Sick Leave Committee