



CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT

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LAURIE CASNA, J.D.
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Assistant Superintendent
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Application for Sick Leave Donation

Date: _____

To the sick leave donation committee,

I would like to be considered for a sick leave donation in accordance to article 9A -sick leave donation from CBRSD paraprofessional contract, "sick leave exhausted through his/her prolonged and/or catastrophic personal illness or injury, and who have no remaining unused sick leave in their personal account".

I have included certification (medical history and prognosis) from my physician(s).

I agree to allow CBRSD personnel/payroll to provide the sick leave donation committee the following personal information to be used in considering my eligibility for sick leave donation.

_____ Personnel file (attendance history, medical information)

_____ Payroll information (unused benefits, wage, deductions)

Thank you for your consideration,

Print Name

Signature