

**Calcasieu Parish School Board**  
**Sick Leave Bank Donor Application Form**  
**Immediate Family = Spouse, Parent or Child of Employee**

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
LAST Name

\_\_\_\_\_  
FIRST Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Street/Post Office Box

\_\_\_\_\_  
City, State, & Zip Code

**Position (Check One)**

☐

Teacher

This includes all positions where the employee must hold a valid Louisiana's Teacher's Certificate

☐

Bus Driver

☐

Other

Anyone NOT a Teacher or Bus Driver

**Employment Status (Check One)**

☐

Full Time

☐

Part Time

I have read the guidelines regarding the Sick Leave Bank and agree to donate at least one (1) but not more than ten (10) of my allotted sick leave days to the Bank. I also understand the provisions governing contributions and use of the Sick Leave Bank.

This form must be completed and returned to the Payroll Department no later than September 30. Employees who submit forms after the deadline are not eligible to participate until the next Annual Open Enrollment Period by September of the following year.

**ACT OF DONATION - SICK LEAVE BANK**

**PARISH OF CALCASIEU / STATE OF LOUISIANA**

BEFORE ME, the undersigned notary public, duly commissioned and qualified in and for the parish and state aforesaid, and before the undersigned competent witnesses personally came and appeared:

Donor, of legal age and actively employed by the Calcasieu Parish School Board for a period of thirty-six (36) consecutive months and has a minimum balance of fifty (50) sick leave days after donation, who hereby donates and delivers \_\_\_\_\_ sick leave day(s), with the maximum being ten (10) days, to the Calcasieu Parish School Board Sick Leave Bank. **This donation is not being made to an individual employee** and is made in accordance with other provisions of policy GBRIBB. **This donation is hereby made irrevocable.**

SIGNED ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, in \_\_\_\_\_.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
DONOR SIGNATURE

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
NOTARY PUBLIC

**RETURN TO THE PAYROLL SUPERVISOR**

**FORM MUST BE NOTARIZED BEFORE SUBMISSION**