

APPENDIX D

ABSENCE DAY RESERVE PLAN – REQUEST FORM

Circle One: Avon Classified Employees Avon Teachers Association

Please accept this form as my official request for the donation of sick leave as I have/will have exhausted all available leave.

I understand I will only be credited for days needed to avoid unpaid days by pay period in the order that they are donated.

In the event sufficient days are not donated to cover my sick leave, I understand those days will be unpaid.

Name of Requestor

Date