

**Appendix F – Article III**  
**EMERGENCY SECURITY PROGRAM**  
**(Sick Leave Pool)**  
**DONATION AND APPLICATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**DONATION:**

I hereby donate one day of my accumulated sick leave so that I may be involved in the Emergency Security Program. I have also read the guidelines of the program and understand the intent of the program. (Article III, L)

\_\_\_\_\_  
Signature of Donator

NOTE: The remainder of this form is completed only when the member wishes to utilize sick leave days available in the Emergency Security Program.

**APPLICATION:**

\_\_\_\_\_ New Application      \_\_\_\_\_ Renewal Application

Reason(s) for Making Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration date of accrued and/or advanced sick leave: \_\_\_\_\_

\_\_\_\_\_

Name and address of attending physician(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected date of return to work: \_\_\_\_\_

Copies: Association President  
Superintendent  
Treasurer's Office (after approval)

\_\_\_\_\_  
Signature of Applicant