



**RISE CHARTER SCHOOL #562**

203 Center Street West Kimberly, Idaho 83341

**Sick Leave Bank Donation Designation Form (5825F)**

*Per Policy 5825 – Sick Leave Donations*

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**Employee Donor Information**

- **Donor Name:** \_\_\_\_\_
- **Position/Department:** \_\_\_\_\_
- **Employee ID (if applicable):** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email:** \_\_\_\_\_

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**Donation Details**

I hereby designate a donation of sick leave days to the following RISE Charter School employee:

- **Receiving Employee Name:** \_\_\_\_\_
- **Number of Sick Days Donated:** \_\_\_\_\_

**Note:** Donated sick leave days must be used within the current fiscal year. Unused days will be returned to the donor. All donations are subject to PERSI regulations and must comply with Policy 5825.

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**Acknowledgments & Authorization**

Please read and initial each of the following:

- \_\_\_\_\_ I understand that donated days must be taken and posted during the current fiscal year in which they are donated.
- \_\_\_\_\_ I understand that any unused donated days will be returned to me at the end of the fiscal year.
- \_\_\_\_\_ I confirm that I am voluntarily donating these sick leave days.

- \_\_\_\_\_ I acknowledge that all donations are subject to approval by the Sick Leave Bank Committee **administration** and must comply with applicable PERSI regulations.
  - \_\_\_\_\_ I understand that this form must be submitted to the RISE Charter Secretary by the **10th of the month** for payroll processing.
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### Signatures

- **Donor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
  - **Receiving Employee Signature (Optional):** \_\_\_\_\_ **Date:** \_\_\_\_\_
  - **Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
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**Date Received:** \_\_\_\_\_

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**Submit this completed form to the RISE Charter School Secretary.**