



Washoe County School District

Emergency Leave Bank Donation Form

The Emergency Leave Bank allows employees to voluntarily donate accrued sick leave to a shared pool that provides support to colleagues facing serious personal emergencies and who have exhausted all of their own paid leave. Donations to the bank help ensure that employees experiencing unexpected hardships, such as medical crises, family emergencies, or catastrophic events, can maintain income continuity during difficult times. Your contribution is a meaningful way to support the well-being of fellow colleagues in need.

INSTRUCTIONS FOR EMERGENCY LEAVE BANK ASSISTANCE DONATION FORM

Completed form must be submitted annually to have applicable accruals deducted from your sick leave accrual balance.

Employee Name: _____ Employee ID # E000 _____

Phone: _____ WCSD Email Address: _____

Department / School: _____ Position: _____

I request a transfer of sick leave from my accrual balance to the Emergency Leave Bank as noted below:

Number of days of sick leave to be donated: _____

To the best of my knowledge, I have sufficient leave balances to make this donation. I understand that a maximum of 10 days may be donated each year and any donated leave cannot be returned to my individual account once donated. I also understand that all donations are confidential, and I do not determine who will utilize my donated days.

Employee Signature

Date

ONCE COMPLETED, EMAIL FORM TO: HumanResources@WashoeSchools.net

Human Resources Use

Sick Leave Balance: _____ as of (date): _____

Total number of days deducted from accrual balance: _____

Maintenance Form Submitted: _____ Confirmation Number: _____