



PORTLAND PUBLIC SCHOOLS

Human Resources

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Portland Public Schools is an equal opportunity and affirmative action employer.

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## **Sick Leave Bank Contribution Form** **Building Administrator and Non-Represented Employees**

This is a voluntary program established to assist non-represented employees who have exhausted their available leave balances while suffering a serious illness or injury. In order to aid a fellow employee faced with either a serious illness or injury we encourage all eligible employees to participate.

Please complete the information below and submit this form to the HR Benefits Department for processing. For those terminating employment please submit your donation request prior to your termination date. Donations can be sent to [leave@pps.net](mailto:leave@pps.net).

\*\* You may donate a minimum of 4 hours and a maximum of 24 hours annually.

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Title \_\_\_\_\_ Dept./Location \_\_\_\_\_

I wish to donate \_\_\_\_\_ hours to the non-represented sick leave bank

Employee  
Signature \_\_\_\_\_ Date \_\_\_\_\_

***For Human Resources Use Only***

*Hours Donated* \_\_\_\_\_ *HR Approval* \_\_\_\_\_

*Date Sent Payroll* \_\_\_\_\_ *Note* \_\_\_\_\_

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