

HOLD HARMLESS FORM

I, _____, request that _____ (number of hours, no more than eight (8) hours of accumulated sick leave) be transferred from my sick leave account to the account of _____, who is suffering from a life-threatening illness or injury, or for use by the employee to care for an immediate family member who is suffering from a life-threatening illness or injury, and has exhausted all of his/her personal sick leave accumulation. I acknowledge that as a result of this request, the hours will not be restored to that account if it should be used. Any unused hours donated by staff will be distributed equally back to their accounts in a timely fashion. I hold the District harmless from any obligation or requirement to restore these hours in the event they are used, at the point of my retirement or at any other time. I acknowledge that the transfer of these hours will result in a reduction of hours recorded by the District for reporting to the Public Employees Retirement System on my retirement, and will also result in a reduction of hours of sick leave available to me to use in the case of my own illness or injury.

Signature of Employee

Date