



**VOLUNTARY TRANSFER OF MEDICAL LEAVE  
TO  
GILBERT PUBLIC SCHOOLS MEDICAL LEAVE BANK**

Name: \_\_\_\_\_ EID#: \_\_\_\_\_

Campus/or Department: \_\_\_\_\_ Position: \_\_\_\_\_

I request that one day of my medical leave be transferred to the Gilbert Public Schools Voluntary Medical Leave Bank. I understand that this day may not be returned to me and becomes the possession of the Gilbert Public Schools Medical Leave Bank. The Medical Leave Bank committee may use this day at its discretion.

I verify that I have completed two (2) years of full time employment and have more than ten (10) days of medical leave accumulated.

I understand that days of leave, not my actual wage/salary will be donated.

I understand that if the Medical Leave Bank has less than ninety (90) days, the District shall request additional donations to the bank of one (1) day. I must contribute each time donations are requested to remain an active member of the bank.

**I understand I am already a member of the Medical Leave Bank and I would like to contribute an additional day.**

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

\_\_\_\_\_  
Date

Return to Human Resources/Payroll ♦ Educational Complex Building B  
140 South Gilbert Road ♦ Gilbert, AZ 85296 ♦ 480-497-3300