

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

P.F.S.P. Sick Leave Bank Contribution Form

This is a voluntary program established to assist PFSP 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.

Name _____ Employee ID # _____

Title _____ Dept./Location _____

I wish to donate _____ hours to the PFSP sick leave bank

Employee Signature _____ Date _____

For Human Resources Use Only	
Hours Donated _____	HR Approval _____
Date Sent Payroll _____	Note _____
