

**HILLSBORO I.S.D.
REQUEST FOR SICK LEAVE POOL**

TO:
Superintendent of Hillsboro ISD
Hillsboro, Texas 76645

Per Board Policy DEC (Local), I, _____, request that an
(Printed Name of Employee)
individual sick leave pool be established in my name. I understand that 30 days is the maximum
number of days I can receive from the pool.

Signature of Employee

Date

This request for an individual sick leave pool is approved.

Superintendent's Signature

Date