

# FRIENDS HELPING FRIENDS

## EMPLOYEE REQUEST FORM

### PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Campus \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accumulated last day used: \_\_\_\_\_

Number of Days Requested \_\_\_\_\_

I will have been docked 2 days on: \_\_\_\_\_  
1<sup>st</sup> day docked                      2<sup>nd</sup> day docked

If this illness is covered by Workers' Compensation insurance, I will not be eligible for *Friends Helping Friends*.

Date Leave Begins \_\_\_\_\_

\_\_\_\_\_

#### Employee Signature

AGREEMENT: By typing my name above, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

\_\_\_\_\_

#### Date of Request

\_\_\_\_\_

#### Principal or Supervisor Signature

AGREEMENT: By typing my name above, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

\_\_\_\_\_

#### Date

It is understood that *Friends Helping Friends* is a donor program based on good will. Neither the campus representative, donors, nor the school district is responsible for providing any or all of the days requested.