

**RONDOUT VALLEY CENTRAL SCHOOL DISTRICT**  
**PO Box 9, Accord, NY 12404**

Dr. Joseph Morgan  
 Superintendent of Schools  
 845-687-2400, Ex. 4802

Mrs. Lisa Pacht  
 Assistant Superintendent of Schools & Operations  
 845-687-2400, Ex. 4805

Mrs.  
 School Business Official  
 845-687-2400, Ex. 4812

Ms. Megan Braren  
 Director of Pupil Personnel Services  
 845-687-2400, Ex. 4863

**Family Leave Day Donation *Recipient* Application**

Directions: Complete this application in full. Please email your completed application to Kim McEvoy, Secretary of the Sick Bank, to [kmcevoy@rondout.k12.ny.us](mailto:kmcevoy@rondout.k12.ny.us). You must also email (1) Medical documentation with the diagnosis of your immediate family member, or (2) documentation of your child's birth or adoption. Please note that it is at the discretion of the Sick Bank Board to approve or deny your request.

Name	
Address	
Telephone Number	
RVF Unit	

Date your sick days will expire	
Number of days you need donated (maximum 20)	

Applicant's Signature	
Date of Application	

To be completed by the Sick Bank Secretary:

Number of days granted	
Date donation days start	

Approved ____	Disapproved ____
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Sick Bank Secretary's Signature	
Date	