

DONATED LEAVE

I \_\_\_\_\_ want to donate \_\_\_\_\_ days of accumulated

Sick leave to \_\_\_\_\_.

I understand that the maximum amount of leave that may be donated can not exceed 50% of my unused accumulated sick leave and that my balance can not be less than 7 days.

\_\_\_\_\_  
(Employee's Signature)                      Date: \_\_\_\_\_

\_\_\_\_\_  
(Principal's Signature)                      Date: \_\_\_\_\_

Approved \_\_\_\_\_                      Date: \_\_\_\_\_  
(Superintendent)

(For Payroll Use)

Beginning Balance \_\_\_\_\_

Donated: \_\_\_\_\_

Balance: \_\_\_\_\_