

SICK LEAVE DONATION FORM

This form is for donating from your sick leave to another District employee.

Donated leave goes only to the employee specified and does not go into a sick leave bank.

This form must be filled out **completely**, signed, and **returned to Payroll**.

Please refer to your handbook for any limitations on the number of days you are permitted to donate or contact Mischelle Thomas in Personnel (ext. 1035) or Theresa in Payroll (ext. 3034) if you do not have a copy of your handbook.

Your Name (please print): _____

Your Position and Building (please print): _____

Number of HOURS you are donating: _____

Name of the person you are donating leave to (please print) _____

Occupation and Building of Recipient (please print) _____

Your signature: _____ Date _____

THANK YOU!! YOUR GENEROSITY IS GREATLY APPRECIATED!!