

## SICK LEAVE DAYS DONATION FORM

I, \_\_\_\_\_, request that \_\_\_\_\_ day(s) of my  
sick leave be donated to \_\_\_\_\_.

I understand that I must have a minimum of 20 days before I can donate sick days.  
My signature indicates that I understand the "Leave Sharing Policy" and will  
comply with the policy.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Unless otherwise revoked, this form will expire at the end of the school's fiscal  
year.