

Employee Request for Donated Leave

I certify that I have a medical condition which necessitates my prolonged absence from work. I am aware that I must exhaust all accumulated paid leave (sick leave, annual leave and bonus leave, if applicable) to receive donated leave, therefore, I am eligible to accept donated leave.

Dr's note must be attached.

Date

Employee Signature

Position

School Assignment

This section for central office use only

_____ **Approved**

_____ **Disapproved**

Superintendent Signature

Date