

VOLUNTARY SHARED LEAVE

Policy Code: 7540-2

Employee Request To Donate Leave

I would like to donate leave to _____ . I understand that these days will be deducted from my leave balance.

Employee Signature

Date

Position

I would like to donate _____ days of annual leave
_____ days of sick leave*

* A non-family member may only donate up to 5 days of sick leave. More than 5 days of sick leave may only be donated to immediate family members. Immediate family is defined as the employee's spouse, children (including the step relationship), parents, and any other dependents residing in the employee's home.

By signing below, I authorize my name to be given to the recipient of this leave.

THIS SECTION FOR CENTRAL OFFICE USE ONLY

_____ Approved _____ Disapproved

_____ Date: _____

Superintendent Signature