

# Athens Area School District

## Educational Support Professional Donation of Leave Form

Date: \_\_\_\_\_

<b>Employee Name:</b>			
<b>Building:</b>			
<b>Name of Employee to transfer days to:</b>			
<b>Building:</b>			
<b>Number and Type of Days to Transfer:</b>	<u>Sick Day(s)</u>	<u>Personal Day(s)</u>	<u>Vacation Day (s)</u>
<b>Signature of Employee:</b>	_____	_____	
	Signature	Date	
<p>_____ I am in receipt of your request to donate leave days to the employee listed above. I will be authorizing the Payroll Department to make this transfer based upon your request. Please know that if and when this critical situation passes, unused donated leave days will be returned to their original "owner" in the inverse order they were received.</p> <p>I admire your kindness and concern and appreciate your "being there" for a friend in need.</p>			
_____		_____	
Douglas A. Ulkins, Superintendent		Date	
_____	_____	_____	_____
<b>Request Denied</b>	<b>Date</b>	<b>Request Approved</b>	<b>Date</b>
cc: Payroll Department Donation recipient			

Support Staff Donation of Leave (8/10)

DU/mm