

Athens Area School District  
204 Willow Street  
Athens, PA 18810

**PERSONAL DAY TRANSFER FORM**

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

Employee Name:		
Building:		
Name of Employee to transfer days to:		
Building:		
Number of Days to Transfer:		
Signature of Employee:	_____	_____
	Signature	Date
<p>_____ I am in receipt of your request to donate personal 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 personal 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
_____		
Request Denied	_____	
	Date	
cc: Payroll Department Personal Day recipient		