



Local Leave Donation Form

Requirements for donation:

- You must be a full time employee; and
- May only donate one local day per person

Donate From:

Employee Name _____

Campus/Location: _____

Donate To:

Employee Name _____

Campus/Location: _____

Signature of donating employee: _____

Date: _____

Approval Signature of Principal/Supervisor: _____

Date: _____



For Business Office Use:

Donor Employee # _____ Recipient Employee # _____

Leave days balance _____

Less 1 day _____

Balance _____

Approved _____

Not Approved _____

Director of Finance signature: _____

Date: _____

Superintendent signature: _____

Date: _____