



**DONATION OF SICK LEAVE REQUEST – MANAGEMENT/CONFIDENTIAL**

I, \_\_\_\_\_, do hereby grant \_\_\_\_\_ day (s) of my unused sick leave to:

\_\_\_\_\_

I understand that my donation is irreversible, and final. I understand that as a result of this transfer, I may exhaust my own accrued sick leave more quickly and be left without compensation/coverage. I assume any and all tax liability as a consequence of this transfer, and hereby hold the district and its officers and employees harmless for any and all losses and debts incurred as a result of this transfer. I expressly acknowledge that this transfer is voluntary on my part and have not received nor will I receive any entitlement, right or benefit as a result of this transfer.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Site: \_\_\_\_\_

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

Please submit to the Payroll Office after completion.