MABANK INDEPENDENT SCHOOL DISTRICT Sick Leave Donation

TO:	Payroll Dept.
FROM:	

SUBJECT: Sick Leave Donation

DATE:

I do hereby request to donate (circle the correct number) 1 2 3 4 5 Time Off Day(s) to the following employee. State or Local days can be used.

Name: _____

Campus/Department:

In signing this request I understand that the donated days actually used will be permanently deducted from my Time Off leave balance. I further understand that no more that 5 days may be donated during one school year.

Signature of Employee

Date Signed

Time Off availability and activity can be verified on Employee Access. Please check your Time Off data to insure donated days were processed correctly.