



Holly Springs School District

840 Highway 178 East, Holly Springs, MS 38635

Irene Walton, Superintendent

Donation of Leave Form

Name of Employee Donating Leave	_____
Social Security Number	_____
Work Locations	_____
I am donating Leave to	_____
Work Location/School District	_____
Number of Sick Leave Days Donated	_____
Number of Personal Leave Days Donates	_____
Total Days Donated	_____

By Signing this form I acknowledge that I have read the Donation of Leave Policy and if eligible, wish to donate the days above to the recipient employee.

I understand that my leave balance will be deducted to reflect these donated days.

Signature

Superintendent's Signature

Date

Date