

# Sunflower County Consolidated School District

*"United For Excellence"*

## FORM FOR DONATION OF UNUSED LEAVE TO ANOTHER EMPLOYEE

Donor's Name \_\_\_\_\_ Recipient's Name \_\_\_\_\_

I wish to donate \_\_\_\_\_ days of my unused accumulated leave to  
\_\_\_\_\_, an employee of the \_\_\_\_\_

\_\_\_\_\_  
School district

\_\_\_\_\_  
(Signature of donor employee)

\_\_\_\_\_  
Last 4 digits of SS#

\_\_\_\_\_  
Date

### FOR CENTRAL OFFICE USE

DONOR EMPLOYEE \_\_\_\_\_ LOCATION \_\_\_\_\_

Number of days donated \_\_\_\_\_

RECIPIENT EMPLOYEE \_\_\_\_\_ LOCATION \_\_\_\_\_

Total days donated to recipient by all employees \_\_\_\_\_

Number of donated days actually used by recipient \_\_\_\_\_

Number of donated days not used by recipient \_\_\_\_\_

Ration of donor's days to total days donated \_\_\_\_\_

Number of donated days returned to donor \_\_\_\_\_

Date donated days returned to donor's leave balance \_\_\_\_\_

\_\_\_\_\_  
(Signature/Payroll)

\_\_\_\_\_  
Date