

Sunflower County Consolidated School District

Dr. Debra Dace, Superintendent

"United For Excellence"



Donor's Name _____ Recipient's Name _____

FORM FOR DONATION OF UNUSED LEAVE TO ANOTHER EMPLOYEE

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