

TATE COUNTY SCHOOL DISTRICT

EMPLOYEE'S LEAVE DONATION PROGRAM REQUEST FORM

Employee Making the Leave Donation _____

Social Security No. _____ School _____

Type of Leave Donated

_____ Medical Number of Days _____

_____ Personal Number of Days _____

Employee Receiving Leave Donation: _____

Social Security No. _____ School District _____

The maximum amount of unused accumulated personal leave that an employee may donate to another employee may not exceed a number of days that would leave the donor employee with fewer than seven (7) days of personal leave remaining, and the maximum amount of unused accumulated sick leave that an employee may donate to any other employee may not exceed fifty percent (50%) of the unused accumulated sick leave of the donor employee.

Donor Authorization: _____ Date _____

Certification by Tate County School District

CURRENT BALANCE: Medical _____ Personal _____

Days Donated _____ New Leave Balance _____

Certified By: _____ Date _____

_____ Approved _____ Not Approved

Superintendent _____