

Tommy Branch,
Superintendent of Education

Lynn Revette
Assistant Superintendent

Wayne County School District

810 Chickasawhay Street
Waynesboro, MS 39367

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<https://www.wayne.k12.ms.us>

Amy Brown, District 1
Wilma Taylor, District 2
George Alsworth, District 3
Al Smith, District 4
Dorcus Reynolds, District 5
Marcus Evans, Board Attorney

Request to Donate Leave

Employee: _____ SS#: _____

Total Days of UNUSED Sick Leave: _____ Date: _____

Requested Donation is: _____ (days)

Signature of Donor: _____

EMPLOYEE TO RECEIVE LEAVE:

Name: _____ SS#: _____

Physician's statement must be provided stating the beginning date of the injury or illness, a description of the injury or illness, a prognosis for recovery, and the anticipated date the employee will be able to return to work.

Signature of Principal/Supervisor: _____ Date: _____

REQUEST FOR DONATION IS:

_____ **APPROVED**

_____ **NOT APPROVED – Reason** _____

Signature of Superintendent: _____ Date: _____