



# Ashland Independent School District

*"A Tradition of Excellence"*

Per my resignation on \_\_\_\_\_ I wish to donate the remainder of my sick days to employees in need at the discretion of the Ashland Independent School District.

I am aware that these days have zero value to me after my resignation, and by not signing and returning this form for consent to transfer my unused sick days these days will be made null and void. This consent can only be made at the time of my resignation, and I do not have the ability to apply this option at a later date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

