



ALEXANDER COUNTY SCHOOLS

NOTICE OF DONATION

Donor's Name: _____

School/Dept: _____

What relation are you to the recipient?

Spouse: _____ Mother: _____ Father: _____ Brother: _____ Sister: _____

Other Specify: _____

I authorize Alexander County Schools to deduct the following amount of days (in increments of .5 or whole days – a day is defined as 8 hours) from my accrued balance and transfer to:

Employee Receiving Leave

_____ days of annual leave* _____ days of bonus leave* _____ days of sick leave**

*Annual Leave and Bonus Leave Days may be donated to any one

**A Public school employee shall not donate more than five days of sick leave per year to any one nonfamily member. The combined total of sick leave donated to a recipient from nonfamily members shall not exceed 20 days per year.

I FULLY UNDERSTAND THAT I WILL NOT BE REIMBURSED AT ANY TIME FOR THIS DONATION AND THE AMOUNT DONATED WILL NOT REDUCE MY LEAVE BALANCE BELOW ONE-HALF OF WHAT I CAN EARN DURING THE SCHOOL YEAR.

Signature of donor

Date

APPROVAL

Chair, Volunteer Shared Leave Committee

Date

FOR OFFICE USE ONLY

Employee's Annual Leave _____ days Sick Leave _____ days as of _____