

**LEAVE SHARING AGREEMENT**

I, \_\_\_\_\_, agree to donate \_\_\_\_\_ days of sick leave to \_\_\_\_\_  
\_\_\_\_\_. I understand that this is strictly voluntary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_

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I, \_\_\_\_\_, have exhausted all earned sick leave due to  
illness and hereby accept \_\_\_\_\_ days from \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_