



SICK LEAVE DONATION FORM

This form is to be used by employees to donate unused sick leave days to the Piedmont Public Schools employee named below.

DONATING EMPLOYEE INFORMATION:

Last Name, First Name, MI

Total Number of Days Donated

Employee to Receive Donation

I, the undersigned employee understand

- My donation is strictly voluntary
- I may donate up to 10 days per year to a fellow employee
- My accrued sick leave prior to donating must be 25 days or more
- All donated leave must have been accumulated at Piedmont Public Schools
- My donated days may not reduce my sick leave balance to less than 20 days
- My sick leave balance will be reduced by the specified number of days stated above
- This decision is irreversible as of the date this form has been signed by the donor and the District Designee
- Any donated days not used will be returned to the donor

Donating Employee Signature

Date

BUSINESS OFFICE USE ONLY

_____ DAYS DEDUCTED

_____ DAYS REMAINING _____

SIGNED