

**Revision Date:**

Part III: Employee Information on Other Sources of Income – please complete the below chart as applicable; otherwise indicate “not applicable” or “not eligible”

	# Hours	Benefit Amount	Date Payment Begins	Date Payment Ended
State Retirement/Disability Pension				
Pay Pending Disability Pension Determination				
Compensatory time				
Social Security				
Private Disability				
Worker Compensation				
Worker Compensation Supplemental Pay				
Leave Donations from Spouse or Other Relative				
Any Other Income Sources				

I grant permission for the district to solicit donated leave in the following manner (Please check only one box):

- ☐ A District wide memo will be sent out to all employees which will describe the request for donated leave (Please see example memo attached).
- ☐ A memo (such as attached example) should be mailed to only the following employees:
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- ☐ The district should not solicit any employees. I will disseminate the *RDD – Request to Make a Direct Donation* form for donors to submit to the Human Resource Office.

I hereby authorize release of the information indicated above to solicit days on my behalf under the State of Delaware School District Donated Leave Program. I understand that this information will be shared with employees requesting information in connection with my request for leave donations.

Employee Signature

Date