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Name of Donor:

School/Department:

Donor's Signature:

Donor's Social Security No.:

I am donating _____ days of my unused accumulated sick or personal leave to the recipient listed below. I understand that according to Board Policy GADEB that the maximum amount of unused accumulated personal leave that an employee may donate to any other employee may not exceed a number of days that would leave the donor with fewer than seven (7) days of per