

West Las Vegas Schools Leave Donation Disclosure Form

| I, | donate | hours of |
|---|------------------------------|-------------------|
| sick/annual leave to | | I understand |
| that any donated leave remaining at the e | end of the emergency shall b | e returned to the |
| donator on a prorated basis. | | |
| | | |
| Signature of Employee: | | |
| Date: | | |