Sick Leave Donation Form

I would like to donate: 1 day____ ½ day____ other_____
(please specify # days donating)

The person I am donating to is:_____

Date of absence:_____

Donated by:_____

*I understand this is strictly voluntary and will not affect my attendance incentive, the number of days indicated will be deducted from my accumulated sick leave.

_____ _____
Teacher's signature date

_____ _____
REA President signature date

_____ _____
Superintendent signature date