



SICK LEAVE DONATION AUTHORIZATION FORM

I, _____, authorize LEAP Academy University Charter School to deduct _____ sick leave day(s) from my current sick leave day balance (provided there is a sufficient balance to donate). I further authorize LEAP Academy University Charter School to assign my deducted sick leave day(s) to the following teacher(s) and/or staff:

_____ Name of Teacher/Staff to received deducted Sick leave day(s)	_____ Number of Sick Days
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_____ Name of Teacher/Staff to received deducted Sick leave day(s)	_____ Number of Sick Days
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_____ Name of Teacher/Staff to received deducted Sick leave day(s)	_____ Number of Sick Days
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_____ Signature of employee donating sick leave days(s)	_____ Date
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Please return this form to Beverly Johnson in Business Office.

Elementary School Campus
649 Cooper Street, Camden, NJ 08102
Main #: 856-614-5600♦Fax: 856-614-5601

High School Campus
549 Cooper Street, Camden, NJ 08102
Main #: 856-614-0400♦Fax: 856-342-7190

STEM School Campus
532 Cooper Street, Camden, NJ 08102
Main HS#: 856-614-3292♦Fax: 856-541-0526
Main ES#: 856-614-3230♦Fax: 856-342-6513