



Forward Thinking, High Achieving.

MMCEO Member Sick Leave Donation Form

This form is to be completed if you are **donating** sick leave to another **MMCEO member**. Please fill out the form completely, sign & date, and return the form to **MCPS Payroll – Business Bldg** **(DO NOT RETURN TO CARLEEN)**. Please review your contract (Article 7.1 G) for specific information on your rights and responsibilities regarding sick leave donations.

Name: _____

Position & Building: _____

Donating to: _____
Employee Name Position Building

Total number of hours to be donated: _____

Signature

Date

Please contact Carleen Hathaway at ext. #4696 or chathaway@mcps.k12.mt.us with any questions.