

NORTH COLONIE CENTRAL SCHOOL DISTRICT
91 FIDDLERS
LATHAM, NY 12110

CONFIDENTIAL RECORD

TO: Assistant Superintendent for Business

LEAVE DONATION FORM –1 (ONE DAY)

Name of Donor Employee

Name of Recipient Employee

Title of Donor Employee

Employee ID Number

Donor Employee's Work/Unit Phone

I hereby authorize the Payroll office to deduct from my sick leave balance 1 (one) day to be used as sick leave by the recipient named above. I certify that this donation does not cause me to drop below a balance of 30 total days of sick leave as of the date this donation is submitted.

Date

Signature