



NORTON CITY SCHOOLS SICK LEAVE DONATION FORM

I _____(Donating Employee), hereby donate the following

number of days (_____) to said employee: _____(Absent Employee).

I understand that I may not donate more than five (5) days of my accumulated sick leave to said employee.

I understand that donated sick time will be added to the accumulated sick leave of the absent employee and deducted from me, the donating employee.

Signature: _____

Date: _____

Witness: _____

Office Use Only:

Treasurer Initials: _____

Date: _____