

**NORTON CITY SCHOOLS
SICK LEAVE DONATION FORM**

I _____, hereby donate the following number of _____ days
(Donating Employee) (#)

to said employee _____. I understand that I may not donate more than five (5)
(Absent Employee)

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)

(Treasurer)

(Date)