

PART III - To be completed by District Personnel/Payroll Office

Circle the action taken on the leave donation covered by this form and complete the information.

1. I have attached a copy of a Donated Leave Calculation Worksheet for _____ for the pay period ending _____ which has been approved by the District Finance Director.

The donor's sick leave account should be charged for the following:

_____ days	_____ pay cycle
_____ days	_____ pay cycle
_____ days	_____ pay cycle
_____ days	_____ pay cycle

2. The recipient has excess leave donation. The donor's leave donation is not needed at this time.

I certify the above information and further certify that the recipient has made application and been approved for receipt of donated leave.

Authorized Signature

Date

PART IV - To be completed by District Payroll Office

I certify that the donor's sick leave balance has been reduced by _____ days.

Authorized Signature

Date