

**PERRY COUNTY SCHOOL DISTRICT
Donation of Leave-Donor Employee-(FORM C)**

Please complete the information below.

1. _____

Donor Employee's Name

2. _____

Donor Employee's Location

3. Number of Sick Days to be Donated _____

4. Recipient's Name _____

5. Recipient's Location _____

*I, the undersigned employee of Perry County School District, New Augusta, MS, designated as the **Donor Employee** by §37-7-307(9) of state law, do hereby donate leave to the above name **Recipient Employee**.*

Donor's Signature

Date

Witness of Donor's Signature

Date

Immediate Supervisor's Signature

Date

Superintendent's Signature

Date