

**PERRY COUNTY SCHOOLS
DONATION OF SICK LEAVE AUTHORIZATION**

I, _____, Social Security # _____

Do hereby request that the Perry County Board of Education transfer _____ days of my accumulated sick leave to _____, an employee of the Perry County Board of Education.

I understand that this donation of sick leave is final and that no refund will be made other than proportionate amount of unused sick leave days that may remain.

I verify that this is voluntary request and is not the result of either pressure or solicitation of a sick leave donation.

EMPLOYEE SIGNATURE

Date

SCHOOL PRINCIPAL

Date

JODY E. MAGGARD, FINANCE OFFICER

Date