

## Leave Donation Authorization Form

I, \_\_\_\_\_, authorize the Wood County School's Payroll Department to transfer \_\_\_\_\_ days(s) of personal leave to \_\_\_\_\_.

I certify that I hereby donate the above number of days to the listed recipient under Wood County Schools Leave Donation Policy 4151.2. It is my understanding that my leave balance will be reduced by the specific number of days as used by the recipient and the donated days will not be returned to me.

Name of Recipient \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ID# 99600 \_\_\_\_\_

Work Location: \_\_\_\_\_

---

**Complete Top Portion Only Return Entire Form to Payroll**

---

### Leave Donation Deduction

(To be completed by Payroll Department)

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Thank you for your leave donation. We have received and will be deducting your contribution of \_\_\_\_\_ day(s) from your personal leave balance.

This absence will be entered as of: \_\_\_\_\_

Day(s) have been credited to: \_\_\_\_\_