

ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

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AUTHORIZATION OF DONATION TO SICK LEAVE DONATION PROGRAM

APPENDIX F

I have read the Request for Sick Leave Donation Program and agree to donate _____ days for the Sick Leave Donation Program to _____.

Name of Employee Receiving Donation
(Name may be withheld upon request)

I currently have a total of _____ days accumulated sick leave.

Date: _____

Name of Employee making donation: _____

Signature