

**To: Debra Crosby, Ed. D., Deputy Superintendent**

**Re: Voluntary Sick Leave Pool Donation Form**

**Person Requesting Voluntary Leave Pool:** \_\_\_\_\_

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

**Campus Assigned:** \_\_\_\_\_



**Person Donating to Voluntary Leave Pool:** \_\_\_\_\_

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

**Campus Assigned:** \_\_\_\_\_

**Number of Days Donated:** \_\_\_\_\_

**Signature of Person Donating Days:** \_\_\_\_\_