



**GRAPE CREEK ISD**  
**Donation for Sick Leave Pool**

I (print name) \_\_\_\_\_ hereby donate, irrevocably and by voluntary action, my personal state leave days to \_\_\_\_\_ (name of requestor).

I wish to donate (please circle one):

½ day   1 day   1 ½ days   2 days   2 ½ days   3 days   3 ½ days   4 days   4 ½ days   5 days

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Deliver this form to the Superintendent or Designee or to the payroll/personnel clerk by the deadline indicated in the emailed notice of request.

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_