

DONATION OF LEAVE TIME TO A PUBLIC SCHOOL EMPLOYEE

Name of Recipient Employee: _____ SSN or PIN _____

Assignment: _____

Location: _____

Physician's Medical Statement (Please Refer to MS Code §37-7-307(O)(b)(iv) for a description of documentation.)

Name of Donor Employee: _____

SSN or PIN _____

Assignment: _____

Location: _____

Leave Days	
Current # of Leave Days	_____
Maximum percentage that can be donated (50%)	x <u>.50</u>
50% of unused days =	_____
The Donor Employee must, as a minimum, reserve 7 days.	

Immediate Supervisor's Knowledge of Donation of Leave Time

Signature: _____ Date: _____

AFFIDAVIT

I, the undersigned employee of the Covington County School District, Collins, Mississippi, designated as the Donor Employee by §37-7-307(9) of state law, do hereby donate _____ days of my accumulated personal and/or sick leave days to the above named Recipient Employee.

Signature: _____ Date: _____

The above Donor Employee appeared before me to execute this document. In my capacity as a witness, I attest to his/her signature.

Witness: _____ Date: _____